To submit this form, please download it to your computer, open and complete the form using Adobe Acrobat Reader, and then click the 'Email' button at the bottom right of the form.



MyTransGas Account Request

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	85 7 7				
	document is to confirm t n behalf of the Company	-	below to view and transa	act business w	ithin TransGas' Secure Zone by
Add User	Change User	Add System Role	Current User ID:		Effective Date:
Company Name	:				
Street Address:					
City/Town: Province/State:			Postal Code/Zip Code:		
User First Name:			User Last Name:		
User Title:					
User Phone Nun	nber:		User Cell Number:		
User E-mail (Red	quired):				
System Roles	Access to:				
Contracts and Capacity Release Invoices Measurement			Nominations Flowing Gas – Shippers Flowing Gas - Operators		
valuable consider	of TransGas granting ac ation, the Company and chensive Tariff, as amer	d User agree that such	User's access shall be		herein, and other good and the provisions of the
which the Privacy A		icable provincial legislati	on applies (the "Confide	ntial Informatio	bout the Company's business to on"). I/We, on behalf of the authorized herein.
(must be completed I/we warrant that I/w business to the exte		epresentative of the Comp authority to bind the Comp to enter into legally bindin	any, and to authorize the g obligations on behalf o	e User herein to f the Company.	act as agent for the Company's This authority and appointment
Company Name:					
Title:					
Printed Name:			Email:		
Signature:			Phone Number:		
	is form and return to tglc Authorization and Execut				rized officer or representative of
	orm via email or DocuSig se of the fact that such sig				eability of any signature or image