

**Agency Agreement Form – Coastal GasLink**

Agency Effective Date:

**Shipper:**

|  |  |
| --- | --- |
| Full Legal Name: |  |
| Mnemonic: |  |
| Shipper Contact: |  |
| Address: |  |
| City, Prov/State: |  |
| Postal Code/ZIP: |  |
| Phone: |  |
| Fax: |  |
| Email Address: |  |

**Agent:**

|  |  |
| --- | --- |
| Legal Name: |  |
| Mnemonic: |  |
| Agent Contact: |  |
| Address: |  |
| City, Prov/State: |  |
| Postal Code/ZIP: |  |
| Phone: |  |
| Fax: |  |
| Email Address: |  |

|  |  |
| --- | --- |
|  |  |
| **Shipper Agencies** (please select which apply) |  |
| **Nomination Agent** (Applies to all Coastal GasLink accounts) |  |
| **Invoice Agent** |  |
| **All Coastal GasLink Accounts** |  |
| **OR specific GasLink accounts:** |  |
| **Nom Group**       **Nom Group**       **Nom Group** |  |

|  |  |
| --- | --- |
| **Operator Agencies** |  |
| **Daily Operator Agent** |  |

Shipper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Shipper must authorize this form**

Please e-mail a copy of this signed agency form to [cgl\_contracts@tcenergy.com](mailto:cgl_contracts@tcenergy.com) or fax to (403) 920-2343

**Please note: this agency will remain in place until Coastal GasLink receives an updated Agency Agreement Form**

**Types of Agencies**



**Shipper Agencies**

**Nomination Agent** – The Agent has access to perform nomination business on behalf of the Customer. The Agent can transact on Nominations, Imbalance Trades as well as view customer reports.

**Invoice Agent** – The Agent will receive invoices addressed on behalf of the Customer and the Agent can view the Customer’s invoices online.

**Daily Operator Agent** – The Agent has access to perform daily confirmations on behalf of the Customer and view the Customer’s daily reports. This agency can apply to all or a subset of the Customer’s stations – if only a subset of stations is required, please contact nominations at 403-920-7473.