

NGTL System

APPLICATION FOR SERVICE TRANSFER (EXCEPT FT-D)

Name of Customer: _____ Telephone: _____
 Contact Person: _____ Fax: _____
 MNEC: _____

Transfer from Location:

Name and Number _____

Transfer to Location:

Name and Number _____

Requested Effective Date of Transfer: _____

Please Select ONE of the following:

Not to exceed request on selected contract	Minimum Available
CONTRACT NUMBER	VOLUME TO TRANSFER

Full request on selected contract

CONTRACT NUMBER

Retain request on selected contract

CONTRACT NUMBER	VOLUME TO RETAIN

Is transfer request in conjunction with this assignment? Yes _____ No _____
 If Yes, what company will it be assigned to? _____

**Please Fax to: 403.920.2303 or
 Email to: NGTL_contracting@tcenergy.com**