

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name: _____

Type of Service: **Firm Low Heating Value
Surcharge Service**

Rate Code: **HV002**

I. Effective: 20_____ , 09:00 Central Clock Time (CCT)

Contract No.	Receipt Point	CSO Agreement	Max. Daily Qty (g/d)	Min. Heat Value	Expiry Date

II.

Renewal Rights: To terminate upon expiry date unless a request for renewal is approved prior to the expiry date. (NRR)

III. Additional Conditions: n/a

IV. Comments:

This schedule forms part of the Agreement, dated _____ between _____ and TransGas Limited, which binds the parties to the TransGas Limited Comprehensive Tariff and shall be deemed to be attached thereto.

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20__

PER: _____
CUSTOMER NAME

AGREED TO AND ACCEPTED THIS ____ DAY OF _____, 20__

PER: _____
TRANSGAS LIMITED