



## Electronic Access Application Form

The purpose of this document is to confirm the authority of the User below to view and transact business within TransGas' Secure Zone by electronic means on behalf of the Company.

Add User

Change User

Add System Role Current User ID:

Effective Date:

Company and Street Address:

City/Town:

Province/State:

Postal Code/Zip Code:

User First Name:

User Last Name:

User Title:

User Phone Number:

User Fax Number:

User E-mail:

(Required)

Challenge Word: Please select a challenge word category (e.g. Mother's Maiden Name or Pet's Name) below and provide a unique "challenge word" relating to that category which is known only to you. As a security measure to protect both parties' interests, please provide this word when requesting any changes of information about your account.

Challenge Word Category:

(Example: Favourite Colour)

Challenge Word:

(Example: Blue)

System Roles Access to:

Contracts and Capacity Release

Nominations

Invoices

Flowing Gas – Shippers

Measurement

Flowing Gas - Operators

### Tariff

In consideration of TransGas granting access to the Secure Zone to the Company's User specified herein, and other good and valuable consideration, the Company and User agree that such User's access shall be governed by the provisions of the TransGas Comprehensive Tariff, as amended from time to time.

### Privacy

Some of the information accessible by the User in the Secure Zone may include confidential information about the Company's business to which the *Privacy Act* (federal) or other applicable provincial legislation applies (the "Confidential Information"). I/We, on behalf of the Company, consent to the User having access, viewing and using the Confidential Information to the extent authorized herein.

### Authorization and Execution by Company (must be completed by authorized officer or representative of the Company, someone other than the User/Applicant.)

I/we warrant that I/we have full and sufficient authority to bind the Company, and to authorize the User herein to act as agent for the Company's business to the extent authorized herein and to enter into legally binding obligations on behalf of the Company. This authority and appointment shall be irrevocable except as provided in the TransGas Comprehensive Tariff, E- Business Terms and Conditions.

Company Name:

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Printed Name: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

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

Email: \_\_\_\_\_

**AFTER COMPLETING THIS FORM PLEASE RETURN VIA EMAIL TO [CUSTSERV@TRANSGAS.COM](mailto:CUSTSERV@TRANSGAS.COM) OR FAX AT (306) 789-6224.**

For further information regarding this form, please call (306) 777-9900.