



BIDDABLE STORAGE INJECTION SERVICE - BID FORM

TO: **MANAGER, CUSTOMER SERVICES**
FAX NO. (306) 789-6224

FROM: _____ **Company Name (Bidder)**

ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

BID INFORMATION

SERVICE REQUESTED: *Please indicate service requesting.*

_____ Seasonal Biddable Storage Injection Service. _____ Monthly Biddable Storage Injection Service.

BIDDER REQUESTS THAT TRANSGAS MAKE AVAILABLE INJECTION CAPACITY AS OUTLINED BELOW, AT THE BID PRICE IN \$/GJ/DAY OF BIDDABLE STORAGE INJECTION DEMAND AS OUTLINED BELOW.

REQUESTED PERIOD	REQUESTED CAPACITY (GJ/DAY)	BID PRICE (\$/GJ/DAY)

Shipper agrees that, upon acceptance of this bid by TransGas, the transportation of gas to storage shall be governed by the terms and conditions of the TransGas Comprehensive Tariff.

The injection of gas into storage will be governed by the Storage Rules and Regulations which form part of the Storage Terms and Conditions contained in the TransGas Comprehensive Tariff (Storage Rules and Regulations) except for this Biddable Storage Injection Service, which will be in addition to the firm injection rights available to certain customers under the Storage Rules and Regulations.

In the event this bid is awarded service, nominations for service must be provided by the Bidder in accordance with normal TransGas nominating procedures contained in the Storage Rules and Regulations.

Without any liability to any Bidder, TransGas reserves the right to: a) withdraw this service at any time prior to making an award of service; or b) reject any or all bids for the service.

The issuance of this call for bids in no way commits or implies that TransGas will proceed with this service.

_____ _____ _____

PRINTED NAME OF BIDDER AUTHORIZED SIGNATURE DATE

FOR TRANSGAS USE ONLY

Service awarded YES () NO () Date _____

Billing amount _____ GJ/d of demand X Bid Price \$ _____ = _____ Monthly Charge (not including taxes)

TransGas Authorized Signature _____

CC: TransGas Billing
 TransGas Nominations