



TRANSPORTATION AFFIDAVIT

_____, whose facilities are located at,
Customer Name

_____ transports natural gas through the facilities of
Customer Address

Kansas Gas Service, a division of ONEOK Inc., pursuant to its applicable tariffs. This

affidavit is effective _____.
Date

We hereby authorize _____ to:
Marketer / Address

- Forward to Kansas Gas Service Company our monthly nomination and any nomination revisions.
- Receive information concerning our accounts.
- Receive duplicate monthly billing statements upon request.
- Coordinate the aggregation of my natural gas usage with that of other Kansas Gas Service customers also served by same marketer for purposes of balancing.

These authorizations will continue until a subsequent Transportation Affidavit or written cancellation is provided to Kansas Gas Service Company.

Signature _____ Title _____

Printed Name _____ Phone # _____

Emergency Contact Information:

1st: _____
Name Day Phone # Eve Phone # Cell Phone # Email Address

2nd: _____
Name Day Phone # Eve Phone # Cell Phone # Email Address