

Account No: _____

Meter No: _____



(Marketing Rep Name)

TRANSPORTATION AFFIDAVIT

_____, whose facilities are located at,
Legal Account/Customer Name

_____ transports natural gas through the facilities of
Physical Meter Address
Kansas Gas Service, a division of ONE Gas Inc., pursuant to its applicable tariffs.

This affidavit is effective: _____ whereby authorize:
Effective Date Start of Transport

_____ **to:**
Third Party Marketer Name

- 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 the same marketer for purposes of balancing.

A security deposit may be assessed or adjusted in transitioning from General Service to Transportation.

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

Signature X _____ Title: _____

Printed Name: _____ Phone: _____

Signatory - Email Address: _____

Signatory- Mailing Address: _____

Billing Address: _____

Emergency Contact Information:

Primary: _____
Name Title E-mail

_____ Day Phone Evening Phone Cell/Pager

Secondary: _____
Name Title E-mail

_____ Day Phone Evening Phone Cell/Pager