

Marketing Rep Name: _____
 Account Number: _____
 Meter Number: _____

_____, 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: _____
 Effective Date Start of Transport

whereby authorize: _____ **to:**
 Third Party Marketer Name

- Forward to Kansas Gas Service 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.

Signature: X _____ Title: _____

Printed Name: _____ Phone: _____ Signatory - Email Address: _____

Signatory- Mailing Address: _____

Billing Address: _____

PRIMARY EMERGENCY CONTACT INFORMATION

SECONDARY EMERGENCY CONTACT INFORMATION

1 Name: _____
 Title: _____
 Email Address: _____
 Day Phone: _____ Evening Phone: _____
 Cell/Pager: _____

2 Name: _____
 Title: _____
 Email Address: _____
 Day Phone: _____ Evening Phone: _____
 Cell/Pager: _____

