

**TRANSGAS LIMITED SCHEDULE OF SERVICE**

Customer Name:

Rate Code:

**R-90.0**

Type of Service: **High Priority Interruptible Receipt Transportation**

**Effective 20** \_\_\_\_\_ **, 09:00 Central Clock Time (CCT)**

**I. Receipt Point(s)**

Contract #	Receipt Code	Receipt Point Name & Location	Max Pressure kPa	Max Day (GJ/d)	Expiry Date	Renewal Rights
						Month to Month
<b>Total</b>						

**II. Delivery Point**

Delivery Code	Delivery Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	

**III. Additional Conditions**

This schedule forms part of the TransGas Service Agreement, dated \_\_\_\_\_ between \_\_\_\_\_ and TransGas Limited, which binds the parties to the TransGas Comprehensive Tariff and shall be deemed to be attached thereto.

AGREED TO AND ACCEPTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20

AGREED TO AND ACCEPTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20

PER: \_\_\_\_\_  
"CUSTOMER NAME"

PER: \_\_\_\_\_  
TRANSGAS LIMITED