

APPENDIX B

**Gas Transmission Northwest Corporation
e-trans User Access Form**

Add
 Change
 Inactivate

Organization Information

Company _____ DUNS# _____

User Information

Name _____ e-mail _____

Title _____ IM Address _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone Number _____ Fax Number _____

Security Word: Please **select one** of the categories below and provide a unique "security word" relating to that category which is known only to you. As a security measure to protect both parties interests, please provide this word when requesting any changes or information about your account:

Mother's Maiden Name: _____ City of Birth: _____ Pet's Name: _____ Specify Security Word: _____

Hardware/Software Information

Operating System Windows NT Windows 95/98 Other: _____

Browser Internet Explorer (recommended) Netscape Navigator 4.____ Other: _____

Internet Access Dial Up Direct connection

System Access: (please check all that apply)

- Ability to input nominations. [After hours phone number required:](#)
- Ability to post/bid Capacity Release transactions
- Ability to submit requests for new contracts
- Ability to **receive** billing invoices by **mail** (*only one user per company*)
- Ability to **view** billing invoices online

User's Signature

Supervisor's Signature

Access request must be signed by both the User requesting access and a Supervisor.

AFTER COMPLETING THIS FORM PLEASE RETURN VIA FAX AT 503-833-4395.

TO BE COMPLETED BY GAS TRANSMISSION NORTHWEST CORPORATION

User ID: _____ Password: _____

Completed by: _____ Date: _____