

APPENDIX A

REQUEST FOR SERVICE FORM

Company Name: _____

State of Incorporation: _____

Parent Corporation: _____

Telephone: _____ Fax: _____

	Delivery Point	Annual MDQ (Dth/d)	Winter-Only MDQ (Dth/d)	Summer-Only MDQ (Dth/d)	Contract Term MM/DD/YY	
					Begin	End
1						
2						
3						
4						
5						
6						

(Assumed receipt point is the interconnection with Gasoducto Bajanorte at El Florido, Industrial Park)

Request for Service Form Submitted by:

Name: _____ Title: _____

Signature: _____ Date: _____

Company Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Signature

Original hard copy Request for Service Forms must be received at the following:

Attention:

Transportadora de Gas Natural de Baja California, S. de R.L. de C.V.

Paseo de los Héroes No 10501 int 301

Zona Urbana Río Tijuana

Tijuana, Baja California, CP 22010

Tel 011.52.664.635.1600

Fax 011.52.664.635.1601

