

CONTACT INFORMATION FORM

INSTRUCTIONS -- Attachment A "Contact Information Form" documents the general information we need to set up your company on **Supersenger**.

Company Information -- Provide the following information for the legal entity that you want to name as a party to the **Service Agreement**.

1.	Company Name (Please use complete LEGAL NAME, NOT acronym or shortened version.)				
2.	Uniform Resource Locator (URL)				
3.	State of Incorporation (or, other legal description (e.g., par	tnership) 4. D-U-N-S Number			
5.	Company is a (check one):				
	Broker	☐ Intrastate Pipeline			
	End User	Local Distribution Company			
	Hinshaw Pipeline	Marketer			
	☐ Interstate Pipeline	Producer			
	Other (Please Describe:)			
6.	Affiliated with Energy Transfer?	□Yes □ No			
7.	Please indicate which of the pipelines are applicable:				
	Panhandle Eastern Pipe Line Company, LP	☐ Trunkline Gas Company, LLC			
	Sea Robin Pipeline Company, LLC	Rover Pipeline LLC			
	Southwest Gas Storage Company	Stingray Pipeline Company, L.L.C.			
8.	Primary Contact for Suessenger® (this is the person that will serve as our main contact for system matters).				
	Name	Title			
	E-Mail				
	Phone				
	Address				
	City State	Zip Code			

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9.	Contract Not	ification Contact and Address		
	Name		Title	
	E-Mail			
	Phone			
	Address			
	City	State	Zip	Code
10.	Nomination (Contact and Address	Title	
	E-Mail			
	Phone			
	Address			
	City	State	Zip	Code
11.	Billing Conta	ct and Address		
	Name		Title	
	E-Mail			
	Phone			
	Address			
	City	State	Zip	Code

To print return to the top of page 1 and click the print button. Scan and email to Messenger@energytransfer.com