

**AES OCEAN EXPRESS LLC**

**Service Request Form**

**REQUESTOR INFORMATION**

**1. COMPANY NAME:** \_\_\_\_\_

Please use complete LEGAL NAME, NOT acronym of shortened version.

Dun & Bradstreet No: \_\_\_\_\_

**Note:** Pursuant to FERC's mandate requiring pipelines to support EDI transactions, Ocean Express asks that all Requestors supply their appropriate Dun & Bradstreet Number.

State of Incorporation (if applicable): \_\_\_\_\_ Or other legal description (e.g., partnership): \_\_\_\_\_

NAME:	
TITLE:	
TELEPHONE:	
SIGNATURE:	DATE:

**2. REQUESTOR is a(n):** (check one)

LDC       Intrastate       Marketer       Other

Interstate       End User       Producer      Describe: \_\_\_\_\_

**PIPELINE AND SERVICE INFORMATION**

**3. REQUESTED SERVICE (check one)**

FTS       Capacity Release

ITS       Other \_\_\_\_\_

**CONTRACT QUANTITIES**

**4. TRANSPORTATION SERVICE (FTS, ITS)**

Maximum Daily Contract Quantity (MDCQ) \_\_\_\_\_ Dt/d

**5. REQUESTED TERM OF SERVICE:**      Initial Start Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

**ADDRESS INFORMATION****6. ADDRESS FOR NOTICES** (please include street address for express mail service)

COMPANY			
CONTACT			
TITLE			
ADDRESS (P.O. BOX)		ZIP CODE:	
ADDRESS (STREET)		ZIP CODE:	
CITY	STATE:	TELEPHONE ( )	FACSIMILE: ( )
PAGER ( )	E-MAIL ADDRESS:	URL:	

**7. ADDRESS FOR NOMINATIONS** (person designated by Shipper to provide scheduling information and volume nominations)

COMPANY			
CONTACT			
TITLE			
ADDRESS (P.O. BOX)		ZIP CODE:	
ADDRESS (STREET)		ZIP CODE:	
CITY	STATE:	TELEPHONE ( )	FACSIMILE: ( )
PAGER ( )	E-MAIL ADDRESS:	URL:	

**8. ADDRESS FOR BILLING**

COMPANY			
CONTACT			
TITLE			
ADDRESS (P.O. BOX)		ZIP CODE:	
ADDRESS (STREET)		ZIP CODE:	
CITY	STATE:	TELEPHONE ( )	FACSIMILE: ( )
PAGER ( )	E-MAIL ADDRESS:	URL:	

**MISCELLANEOUS INFORMATION**

**9. WHAT IS THE SPECIFIC AFFILIATION, if any, of the requestor with AES Ocean Express LLC?**

None                       Affiliation: \_\_\_\_\_

If there is an affiliation, please indicate the affiliation percent \_\_\_\_\_%

**INTERRUPTIBLE TRANSPORTATION - Receipt Point Information**

**10. SPECIFIC POINT(S) OF RECEIPT (if applicable):**

<b>Meter Number</b>	<b>Meter Name/Location</b>

**INTERRUPTIBLE TRANSPORTATION - Receipt Point Information**

**11. SPECIFIC POINT(S) OF DELIVERY (if applicable):**

(Delivery point(s) under rate schedule ITS must be equipped with Flow Control Device)

<b>Meter Number</b>	<b>Meter Name/Location</b>

**FIRM TRANSPORTATION (FTS) – Receipt Point Information**

**12. SPECIFIC POINT(S) OF RECEIPT:**

**NOTE:** The completeness and accuracy of this information will expedite processing of your request.

<b>Receipt Points</b>			
<b>Meter Number</b>	<b>Meter Name/Location</b>	<b>Primary/Secondary</b>	<b>MDCQ (Primary Only)</b>
<b>Total</b>			

**FIRM TRANSPORTATION (FTS) - Delivery Point Information**

**13. SPECIFIC POINT(S) OF DELIVERY:**

**NOTE:** The completeness and accuracy of this information will expedite processing of your request. (Primary and Second Point(s) of Delivery under Rate Schedule FTS must be equipped with a Flow Control Device.)

<b>Delivery Points</b>			
<b>Meter Number</b>	<b>Meter Name/Location</b>	<b>Primary/Secondary</b>	<b>MDCQ (Primary Only)</b>
<b>Total</b>			

If you have any questions, please call Ocean Express Customer Service at (305) 444-4002. Completed Request Form may be sent to:

AES Ocean Express LLC OR Facsimile: (305) 445-0615  
 Two Alhambra Plaza  
 Coral Gables, FL 33134  
 Attention: Contract Administration

**Documentation AES Ocean Express LLC must receive:**

- Credit application, if not previously submitted
- Affidavit for persons executing agreement, if other than an officer of company