

North Coast Gas Transmission

EBB ID Request

□ Issue NCGT EBB ID		siness Associate				
□ Cancel NCGT EBB ID	(Co	mpany Name)				
NCGT will issue user ID and			□ Shipper		□ Read On	ly
password to user's email address		e of Customer				
on file			□ Point Operator □ Administrator (only one per company)			
User Name:				Title:		
Address:			City:	State:		State:
						Zip:
E-Mail:				Phone:		
				Fax:		
User Signature:			Date:			
	Acl	knowledgement o	f Company A	\dministra	tor	
Signature of Administrator				Print Name		
Title of Administrator				Date		
				-		
Office Use Only	NCGT EB		ecurity		ecurity	Initials and Date
D	□ Add Contact		Password	ID		
Revised	□ Assign ID	□ Reset F	assword	PW		

□ Email User

Date

July 21, 2009

□ Assign Contract