

GLConnect User Access Request Form
(Use one form for each Authorized Person)

Date: _____

Subscriber (Company) Name: _____

Authorized Person's (User) Name:

First _____

Middle Initial _____

Last _____

Address: _____

Phone number: () _____

Fax number: () _____

E-mail Address: _____

IM (instant messaging) Address: _____

Please indicate which of the following Contact Types the Authorized Person (User) would like to be listed as:

- | | |
|---|---|
| <input type="checkbox"/> Receive Noms Batch Reporting | <input type="checkbox"/> Receive Market Batch Reporting |
| <input type="checkbox"/> Receive Invoice Email | <input type="checkbox"/> Receive Supply Batch Reporting |

Please indicate which of the following Business Functions the Authorized Person (User) is permitted to perform:

- | | |
|---|--|
| <input type="checkbox"/> Nominate | <input type="checkbox"/> Release Capacity |
| <input type="checkbox"/> Confirm | <input type="checkbox"/> Bid on Released Capacity |
| <input type="checkbox"/> View Imbalance Statements | <input type="checkbox"/> Bid on GL Capacity |
| <input type="checkbox"/> View Supply Reports | <input type="checkbox"/> On-Line Execution for Capacity Release |
| <input type="checkbox"/> View Market Reports | <input type="checkbox"/> On-Line Execution for GL Capacity |
| <input type="checkbox"/> View Invoices | <input type="checkbox"/> General Access Only (non-transactional) |
| <input type="checkbox"/> Access to TC ICE | |
| <input type="checkbox"/> Measurement System
(Read-Only Access) | |

Authorized Person's (User) Signature: _____

Approval Signature*: _____

Print Name: _____

Print Title: _____ Date: _____

Great Lakes will accept the signature of the party who executed the GLConnect Agreement. Great Lakes will also accept the signature of an individual other than the party who executed the GLConnect Agreement; however, this individual must have the level of authority necessary to execute the GLConnect Agreement. The signature of an individual other than the party who executed the GLConnect Agreement signifies that this individual has read the GLConnect Agreement and agrees to its terms.

Fax to Great Lakes @ (832) 320-5760, Attn: Commercial Services. For any further questions regarding your access, please call the GLGT Security Administrator at (832) 320-5418.

INTERNAL USE ONLY

Username _____
Password _____