

Sabine Pipe Line LLC
Request For Service

Shipper Information

Shipper's Name:

(legal name of signatory party)

State of Formation

Shipper is: *(Check One)*

	LDC/Distributor		Intrastate Pipeline		Producer
	Interstate Pipeline		End-User		Marketer
	Other _____				

Is Shipper affiliated with Sabine?

Yes No

If yes, list type and extent of affiliation.

Requesting Party's Name: _____

(If different than shipper)

Is Requesting Party affiliated with Sabine?

Yes No

If yes, list type and extent of affiliation.

Shipper Contacts:

Duns Number: _____

	Contract Administrator	Notices/ Announcements	Invoicing	Scheduling & Nominations	Regulatory
Name					
Title					
Street Address	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Mailing Address <i>(If different from above)</i>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Telephone					
Fax					
E-Mail Address:					

24 Hour Contact: _____ Telephone: _____

Alternate 24 Hr Contact: _____ Telephone: _____

SERVICE INFORMATION

4. Request is for:

New Service

Amended Service to Agreement Number: _____

5. Service Type:

Firm Service (FT-1 Rate Schedule)

Interruptible Service (IT-1 Rate Schedule)

6. Primary Term:

Commencement Date: _____ Termination Date: _____

Secondary Term (if appropriate):

Month to month, upon termination of primary term subject to thirty (30) days prior written notice by either party.

Year to year, upon termination of primary term subject to thirty (30) days prior written notice by either party.

Other: _____,
upon termination of primary term subject to thirty (30) days prior written notice by either party.

7. Transportation Quantities:

Firm Service

Maximum Daily Reservation Quantity _____ Dt

Interruptible Service

Maximum Daily Transportation Quantity _____ Dt

8. Estimated Transportation
Quantity Over Primary Term

_____Dt

RECEIPT/DELIVERY POINTS (FT-1 REQUESTS ONLY)

9.	Receipt Points	Maximum Daily Quantity (Dt)

10.	Delivery Points	Maximum Daily Quantity (Dt)

SHIPPER AFFILIATION

11. Is the supplier of gas to be transported in any transaction associated with this request affiliated with Sabine?

Yes No Unknown

If yes, list the name of gas supplier and the extent of affiliation with Sabine.

12. Is the gas for which transportation service is requested, being marketed by a Sabine affiliate?
Yes No

If yes, list the name of Marketer and the extent of affiliation with Sabine.

13. If gas is being marketed by a Sabine affiliate, does the cost of gas to Sabine's affiliate exceed the sales price received by Sabine's marketing affiliate?

Yes No Unknown

If yes, by how much? _____

14. Send completed requests to:

By Email:

Sabpl@Enlink.com

SHIPPER AUTHORIZATIONS

Shipper hereby agrees to abide by the terms of Sabine's FERC Gas Tariff, and the Rate Schedule and General Terms and Conditions which are part of Sabine's FERC Gas Tariff. Shipper further agrees that Sabine may make an inquiry into Shipper's credit worthiness and obtain adequate assurances of Shipper's solvency and ability to fulfill its payment obligations. Shipper agrees to supply Sabine with credit information including, but not limited to, three (3) trade references and Shipper's most recent audited or otherwise verified financial statements, annual report, and Form 10-K or alternate credit information sufficient to demonstrate that Shipper will be able to meet its financial obligations under the requested Rate Schedule. Shipper agrees and acknowledges that Sabine may refuse to provide service pursuant to this Request for Service if Shipper fails to provide the information sought by Sabine which, in Sabine's reasonable judgement, assures Sabine of Shipper's solvency and ability to perform its obligations under any Service Agreement, or if Shipper is unable to or fails to demonstrate credit worthiness.

(Shipper's Authorized Signature)

Name: _____

Title: _____

Date: _____