

**APPLICATION FOR SERVICE  
ASSIGNMENT**

**ASSIGNOR INFORMATION**

Name of Customer: \_\_\_\_\_  
 MNEC: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Service Type: FT-R \_\_\_\_\_  
                   FT-D \_\_\_\_\_  
                   FT-P \_\_\_\_\_  
                   FT-RN \_\_\_\_\_  
                   LRS \_\_\_\_\_  
                   FCS \_\_\_\_\_  
                   OS \_\_\_\_\_

**ASSIGNEE INFORMATION**

Name of Customer: \_\_\_\_\_  
 MNEC: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Location **Name** and **Number**: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Permanent \_\_\_\_\_ Temporary \_\_\_\_\_  
 Temporary Assignment End Date: \_\_\_\_\_

**Please Select ONE of the following:**

**Not to exceed request on selected contract**

CONTRACT NUMBER	VOLUME / ENERGY

**Full request on selected contract**

CONTRACT NUMBER

**Retain request on selected contract**

CONTRACT NUMBER	VOLUME / ENERGY

Are any of the assignments related to a transfer request?      Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If Yes, please indicate which Contracts above by marking with an asterisk)

\_\_\_\_\_  
**ASSIGNOR SIGNATURE**

**Please Fax to 403.920.2303**