
BID FORM

NEW CAPACITY OPEN SEASON

System Segment: _____

The Delivery Point: _____ The Receipt Point: _____

Date of Commencement: _____

Service Termination Date: _____

Maximum Capacity: _____ GJ/Day Minimum Capacity: _____ GJ/Day

Type of Service Requested: FT___ FT-NR ___ STS-L ___ STS ___

Allocated Posted Capacity: _____ GJ's/Day

Service Applicant Contact

Name: _____

Address: _____

Telephone: _____ Telecopy: _____

Is this Bid Form conditional upon another bid form(s)?

Yes ___ **No** ___ If **Yes**, the Bid Form(s), upon which this Bid Form is conditional must be attached. Indicate number of bid forms attached: ____.

The Bid Form shall be subject to the General Terms and Conditions, the applicable Toll Schedule and List of Tolls of TransCanada's Tariff.

Dated this _____ Day of _____, _____.

Service Applicant:

By: _____

By: _____

Title: _____

Title: _____

<p>FAX BID FORM by 3:00 p.m. Calgary Time To Mainline Contracts @ FAX (403) 920-2343</p>
