

TRANSPORTATION AFFIDAVIT

A Division of ONE Gas	Marketing Rep Name:
	Account Number:
	Meter Number:
Legal Account/Customer Name	,,whose facilities are located at, Federal ID/EIN Number
	transports natural gas through the facilities of
Physical Meter Address	
Kansas Gas Service, a division of ONE Gas, Inc., purs	uant to its applicable tariffs. This affidavit is effective:
	Effective Date Start of Transport
whereby authorize:	to:
Third Party Mari	
 Forward to Kansas Gas Service our monthly nomir Receive information concerning our accounts 	•
 Receive duplicate monthly billing statements upon Coordinate the aggregation of my natural gas usage purposes of balancing 	request ge with that of other Kansas Gas Service customers also served by the same marketer for
These authorizations will continue until a subsequent	Transportation Affidavit or written cancellation is provided to Kansas Gas Service.
Transportation Service ¹ . If the settlement fee is not pa	
Signature: X	Title:
Printed Name: Pl	hone: Signatory - Email Address:
Signatory-Mailing Address:	
Billing Address:	
PRIMARY EMERGENCY CONTACT INFORMAT	TON SECONDARY EMERGENCY CONTACT INFORMATION
FINNANT LINENGENCT CONTACT INFORMAT	SECONDART EMERGENCY CONTACT IN CHIMATION
1 Name:	2 Name:
Title:	Title:
Email Address:	Email Address:
Day Phone: Evening Phone:	Day Phone: Evening Phone:
Cell/Pager:	Cell/Pager:
ME:	100 40/A 140 0000) TI FI 1 0 1 1 1 1 1 1 1

[1] Financing Order, Docket No. 22-KGSG-466-TAR, paragraph 92, page 49 (August 18, 2022). The Financing Order can be found on the Kansas Corporation Commission website at: https://estar.kcc.ks.gov/estar/ViewFile.aspx/22-466_Financing_Order.pdf?ld=72fa8fb3-f763-4562-bf76-b39149549772



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Meter Number:	

ADDITIONAL ACCOUNTS OR METERS

Account Number	Meter Number	Physical Meter Address and City