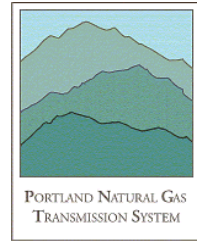


**PNGTS Operating Co., LLC**

One Harbour Place, Suite 375  
Portsmouth, NH 03801  
(603) 559-5500 (603) 427-2807 (Fax)  
[www.pngts.com](http://www.pngts.com)



**Agency Agreement Form – PNGTS**

**Company Requesting Agent:**

**Company's Full Legal Name (please print):**

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company representative, Title (please print): \_\_\_\_\_

Company representative (signature): \_\_\_\_\_

Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Agent Company Information:**

**Agent Company's Full Legal Name (please print):**

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person, Title (please print): \_\_\_\_\_

Email: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Agent for:** (please choose all that are applicable)

**Nomination**

**Contract**

**Invoice**

Please fax a copy of this signed agency form to (403) 920-2446 Attention: Gerri Young

**Please note:** This form must be signed by the originating company who is requesting an agency agreement.