tcplAgency Effective Date:

**Agency Agreement Form – Great Lakes Canada System**

**Shipper:**

|  |  |
| --- | --- |
| Full Legal Name: |  |
| Mnemonic: |  |
| Shipper Contact: |  |
| Address: |  |
| City, Prov/State: |  |
| Postal Code/ZIP: |  |
| Phone: |  |
| Fax: |  |
| Email Address: |  |

**Agent:**

|  |  |
| --- | --- |
| Legal Name: |  |
| Mnemonic: |  |
| Agent Contact: |  |
| Address: |  |
| City, Prov/State: |  |
| Postal Code/ZIP: |  |
| Phone: |  |
| Fax: |  |
| Email Address: |  |

|  |  |
| --- | --- |
|  |  |
| **Shipper Agencies** (please select which apply) |  |
| **Nomination Agent** |  |
| **Invoice Agent** |  |
|  |  |
| **Agent Account Access** (please select which apply) |  |
| **All Great Lakes Canada Accounts** |  |
| **OR specific Great Lakes Canada accounts:** |  |
| **Custody Transfer (CT) / Multi Title Transfer (MTT)** |  |
| **Nom Group**       **Nom Group**       **Nom Group** |  |
| **Nom Group**       **Nom Group**       **Nom Group** |  |

Shipper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**\*This form must be authorized by Shipper**

Please e-mail a copy of this signed agency form to [glc\_contracting@transcanada.com](mailto:glc_contracting@transcanada.com) or fax to (403) 920-2343.

**Please note: this agency will remain in place until TransCanada receives an updated Agency Agreement Form.**

Types of Agencytcpl

**Shipper Agencies**

**Nomination Agent** – The Agent has access to perform nomination business on behalf of the Customer. The Agent can transact on Nominations, Title Transfers as well as view Supply Demand, and customer reports.

**Invoice Agent** – The Agent will receive invoices addressed on behalf of the Customer and the Agent can view the Customer’s invoices online.