

**Agency Agreement Form – Mainline System**

Agency Effective Date:

**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** (Applies to all Mainline accounts) |  |
| **Invoice Agent** |  |
| **All Mainline Accounts** |  |
| **OR specific Mainline accounts:** |  |
| **Nom Group**       **Nom Group**       **Nom Group** |  |
| **Nom Group       Nom Group       Nom Group** |  |

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

**\*Shipper must authorize this form**

Please e-mail a copy of this signed agency form to [mainline\_contracting@transcanada.com](mailto:mainline_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 Agency

**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.