

**VECTOR PIPELINE SYSTEM
QUICKNOM™ ACCESS AGREEMENT
SCHEDULE A**

COMPANY INFORMATION	
Company Name ("Shipper"):	
Company Mailing Address:	
Company Phone Number:	
Company Fax Number:	
AUTHORIZED SIGNATURE	
Name:	
Title:	
Signature:	
Date:	
AUTHORIZED PERSONNEL	For each name below: Check "User" if you need a QuickNom User ID Check "Contact" for email notifications only with no QuickNom access For both Users and Contacts check which types of notifications you require
#1 Name <input type="checkbox"/> User <input type="checkbox"/> Contact "Subscriber Contact" (primary contact) Address:	
Phone Number:	
Fax Number:	
Email Address:	
Relationship to Subscriber: (i.e. employee, agent, etc.)	
Notifications:	<input type="checkbox"/> Curtailment <input type="checkbox"/> Scheduling <input type="checkbox"/> Critical <input type="checkbox"/> Capacity Release <input type="checkbox"/> Invoice <input type="checkbox"/> Marketing <input type="checkbox"/> Shipper <input type="checkbox"/> Credit
#2 Name: <input type="checkbox"/> User <input type="checkbox"/> Contact Address:	
Phone Number:	
Fax Number:	
Email Address:	
Relationship to Subscriber: (i.e. employee, agent, etc.)	
Notifications:	<input type="checkbox"/> Curtailment <input type="checkbox"/> Scheduling <input type="checkbox"/> Critical <input type="checkbox"/> Capacity Release <input type="checkbox"/> Invoice <input type="checkbox"/> Marketing <input type="checkbox"/> Shipper <input type="checkbox"/> Credit

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#3 Name: <input type="checkbox"/> User <input type="checkbox"/> Contact Address: Phone Number: Fax Number: Email Address: Relationship to Subscriber: (i.e. employee, agent, etc.) Notifications:	<input type="checkbox"/> Curtailment <input type="checkbox"/> Scheduling <input type="checkbox"/> Critical <input type="checkbox"/> Capacity Release <input type="checkbox"/> Invoice <input type="checkbox"/> Marketing <input type="checkbox"/> Shipper <input type="checkbox"/> Credit
#4 Name: <input type="checkbox"/> User <input type="checkbox"/> Contact Address: Phone Number: Fax Number: Email Address: Relationship to Subscriber: (i.e. employee, agent, etc.) Notifications:	<input type="checkbox"/> Curtailment <input type="checkbox"/> Scheduling <input type="checkbox"/> Critical <input type="checkbox"/> Capacity Release <input type="checkbox"/> Invoice <input type="checkbox"/> Marketing <input type="checkbox"/> Shipper <input type="checkbox"/> Credit
#5 Name: <input type="checkbox"/> User <input type="checkbox"/> Contact Address: Phone Number: Fax Number: Email Address: Relationship to Subscriber: (i.e. employee, agent, etc.) Notifications:	<input type="checkbox"/> Curtailment <input type="checkbox"/> Scheduling <input type="checkbox"/> Critical <input type="checkbox"/> Capacity Release <input type="checkbox"/> Invoice <input type="checkbox"/> Marketing <input type="checkbox"/> Shipper <input type="checkbox"/> Credit

Return form to:
 Vector Pipeline
 38705 Seven Mile Road, Suite 490
 Livonia, MI 48152
 Fax: 734-462-0231
 Email: renee.ahearn@vector-pipeline.com

Date Received: _____