



Request for Transportation Service

Customer Information

Legal Entity Name: _____

Type of Corporation: _____

Tax ID: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

TGS Service Address or Account Number(s): _____

Third Party Qualified Supplier: _____

Contract Notice Address: _____

Attn: _____

City: _____ State: _____ Zip Code: _____

Invoice Address: _____

Attn: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Office Phone: _____ Cell#: _____ Email: _____

Emergency Contact: _____

Office Phone: _____ Cell#: _____ Email: _____

****Effective date is first of the month following 30-days advanced written notice and receipt of fully executed forms****
Please return form to RoseMary Leath via email @ rleath@txgas.com Should you have any questions regarding this form, please contact by email or phone at 512.370.8387

THANK YOU!
