

Application Non-Firm Point-to-Point Transmission Service

1. The Identity, address, telephone number and facsimile number of the entity requesting service:

Identity: _____
DUNS Number _____
Address: _____
Telephone Number: _____
Facsimile Number: _____
Billing Contact _____
Billing Phone Number _____

2. Statement that the Entity requesting service is, or will be upon commencement of service, an Eligible Customer under the Tariff:

By submission of this form, the requesting entity represents that it is, or will be upon commencement of service, an Eligible Customer under the Tariff.

3. Location of the Point(s) of Receipt and Point(s) of Delivery and the identities of the Delivering Parties and the Receiving Parties:

Point(s) of Receipt	Maximum Capacity	Point(s) of Delivery	Maximum Capacity

4. The maximum amount of capacity requested at each point of Receipt and Point of Delivery. (Include in table above.)

5. Proposed dates and hours for initiating service:

Proposed dates and hours for terminating service:
