**Eastern Gas Transmission and Storage, Inc. (EGTS)**

**Dekaflow™ Subscriber Profile**

[Please complete the form on-line by tabbing through the required fields – handwritten forms **will not** be accepted.

A completed and executed form should be emailed to the contact listed at the bottom of the form.]

**AGREEMENT** made as of this       day of     , 20      by and between **EASTERN GAS TRANSMISSION AND STORAGE, INC.**, a Delaware corporation, hereinafter called "Pipeline", and      ,  [enter state of corporation and legal description] , hereinafter called "Subscriber".

**WITNESSETH:** That Pipeline and Subscriber agree to the provisions of the agreement entitled "Access to the

Dekaflow System," between Pipeline and Subscriber, to the following:

Full Legal Company Name:

Legal Description:       (e.g. Corporation, Partnership, Sole Proprietor, LLC, LP)

State of Incorporation:

Subscriber’s Company D-U-N-S® Number:

Company is Affiliated with Pipeline: Yes No

Company is a:

LDC/Distributor Intrastate Pipeline Interstate Pipeline Marketer Producer End User Pipeline Sales Operating Unit Other (please describe:     )

**Designated Dekaflow Security Administrator(s):** The person(s) designated below by the Subscriber are hereby authorized to administer any and all applicable additions, deletions or changes to the Subscriber’s Dekaflow Business Associate (BA) Address, Contacts, Roles & Individual User IDs and Security Profiles.

Primary Security Administrator (Name):       (E-mail Address):

Secondary Security Administrator (Name):       (E-mail Address):

**Designated Business Contacts:** The persons designated below by the Subscriber will be the Primary Contact Person for each respective area.

**Contract Notification:**

Name:       Title:

Street Address:       City, State and Zip Code:

Mailing Address:       City, State and Zip Code:

Telephone:       Fax:       E-mail:

**24 Hour Contact:** This contact will receive all Critical Notice e-mail notifications.

Name:       Title:

Street Address:       City, State and Zip Code:

Mailing Address:       City, State and Zip Code:

Telephone:       Fax:       E-mail:

**Billing Contact:**

Name:       Title:

Street Address:       City, State and Zip Code:

Mailing Address:       City, State and Zip Code:

Telephone:       Fax:       E-mail:

**IN WITNESS WHEREOF,** the parties hereto intending to be legally bound, have caused this Subscriber Profile to be signed by their duly authorized officials, as of the day and year first written above.

**SUBSCRIBER:**  [enter Subscriber Company Name]

**By:**

**(Title)**

**EASTERN GAS TRANSMISSION AND STORAGE, INC.**

**By:**

**Director, Transmission Services**

Return completed form to: Business Technology Services

BusinessTechnologyServices@bhegts.com