



## Customer Contact Information

Please return W-9 and completed Customer Contact Information form to [contracts@lighthouseserv.com](mailto:contracts@lighthouseserv.com)

Transportation Service Provider							
<i>(Select applicable assets)</i>							
BBT			3CM				
Pipeline		Gathering	Pipeline		Gathering		
<input type="checkbox"/>	AlaTenn	<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Chandeleur	<input type="checkbox"/>	American Panther
<input type="checkbox"/>	Bamagas	<input type="checkbox"/>	Gloria	<input type="checkbox"/>	Destin	<input type="checkbox"/>	Quivira
<input type="checkbox"/>	Chalmette	<input type="checkbox"/>	Lafitte	<input type="checkbox"/>	HPGG	<input type="checkbox"/>	
<input type="checkbox"/>	Midla	<input type="checkbox"/>	Magnolia	<input type="checkbox"/>	HPGT	<input type="checkbox"/>	
<input type="checkbox"/>	MLGT	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Okeanos	<input type="checkbox"/>	
<input type="checkbox"/>	Ozark	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Trans-Union	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Trigas	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### Company Information

Legal Name \_\_\_\_\_  
 Trade Name \_\_\_\_\_  
 D&B Number \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ FERC CID \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 24-Hour Emergency Number(s) \_\_\_\_\_  
 Type of Legal Entity \_\_\_\_\_ (If Corp, State of Corp) \_\_\_\_\_

### Shipper is:

*(Select applicable)*

<input type="checkbox"/>	Local distribution company (LDC)	<input type="checkbox"/>	Producer
<input type="checkbox"/>	Interstate Pipeline	<input type="checkbox"/>	Marketer/Broker
<input type="checkbox"/>	Intrastate Pipeline	<input type="checkbox"/>	Pipeline Sales Operating Unit
<input type="checkbox"/>	End-User	<input type="checkbox"/>	Other:

### Shipper Address

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Billing Contact \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



## Customer Contact Information

### Contact Information

*Please provide 3 contacts, including an email address for each contact.*

#### Scheduling Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

#### Contract Administration Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

#### Correspondence Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

### Third Coast Midstream Contact Information

#### Notices and General Correspondence

Attention: Contracts

Third Coast Midstream, LLC

Mailing: PO Box 1227

Houston, Texas 77251

Physical: 1501 McKinney St. Suite 800

Houston, Texas 77010

Contracts/Confirmations Fax No.: (844) 272-3366

Email: [Contracts@lighthouseserv.com](mailto:Contracts@lighthouseserv.com)

#### OFO/Nom/Confirmation/Allocations/Imbalances

Phone: (346) 241-3999

Email: [GasScheduling@lighthouseserv.com](mailto:GasScheduling@lighthouseserv.com)

#### Emergency and 24-Hour

Phone: 1-800-926-4352

#### Invoicing

Email: [gmaccounting@lighthouseserv.com](mailto:gmaccounting@lighthouseserv.com)