

TARGA MIDSTREAM SERVICES LIMITED PARTNERSHIP
Customer Activities Web Access

Contact Information:

Company: _____

State of Incorporation: _____

D-U-N-S Number (9 Digits): _____

Affiliated with Targa Midstream Services, LP? Yes _____ No _____

Primary Contact Address Information:

Name: _____

Title: _____

Email Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Nomination Contact and Address:

Name: _____

Title: _____

Email Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Billing Contact and Address:

Name: _____

Title: _____

Email Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____