## **OPERATOR/PRODUCER AGENT AUTHORIZATION FORM**

Date	Attention: MARKETING SERVICES Email: Messenger@EnergyTransfer.com Fax: (713) 989-1178							
AUTHORIZ	ZING ENTITY:		·		(1.10) 000 11110			
						(Authorizing Company Name) authorizes		
						(Agent Compan	y Name) to perform all	
Operator fun	ctions (including C	onfirmations a	and setting Pre-de	termin	ed Allocation M	l ethods) and/or Prod	ducer_functions (including	
access to all Producer level information) for the Location(s) listed below. This authorization is effective on								
and remains	in effect until furthe	er written noti	fication is received	d by th	e pipeline(s).			
STINGRAY		the Operator Ag	ent Stingray Location(	s)				
Operator								
☐ All Locations or ☐ Specific Locations (please list):								
Routing Method  Email	for Stingray Confirmati Email and Fax		ect one:					
	П		П					
AGENT IN	FORMATION:							
Company:								
Contact:								
Phone:		Alt. Phone		Fax		Email		
AUTHORIZ	ZED BY:							
Company:								
Signed By: Please sign after printing								
Type/Print Full Name Title								
Address:								
Phone:		Alt. Phone		Fax		Email		