



CREDIT APPLICATION FOR SERVICE AND CAPACITY RELEASE PRE-QUALIFICATION

Kinder Morgan Interstate Gas Transmission Trailblazer Pipeline Company TransColorado Gas Transmission
 Canyon Creek Compression Company Horizon Pipeline Company Rockies Express Pipeline, LLC

General Information

Customer Name _____

Customer Address _____

Credit Ratings (including Outlook): S&P _____ Moody's _____ Fitch _____

DUNS Number ____ - ____ - ____ FEIN ____ - ____ - ____

Contact Person _____ Telephone No. (____) _____

Business Entity: "S" Corporation "C" Corporation Partnership Other FAX No. (____) _____

Type of Business _____ Number of years in business _____

List parent corporation of Shipper (if Shipper is a subsidiary company) or general partners (if shipper is a partnership) _____

Customer's Bank Reference (or other financing source)

Bank Name _____ Bank Account No. _____

Address _____

Loan Officer's Name _____ Telephone No. (____) _____

Additional information

Estimate of activity under all services

Estimate Monthly Volume for all Services: _____ (Dth)
 FTS ITS NNS ISS FSS SCS ICS FCS PALS CMC OBA

Estimated Monthly Transportation/Storage Charges for all services \$ _____
Estimated Term (in months) of Capacity Release Request _____

- Is Shipper:
- Operating under federal bankruptcy laws? __Yes __No
 - Subject to liquidation or debt reduction procedures under state laws? __Yes __No
 - Subject to pending liquidation or regulatory proceedings in state or federal courts which could cause a substantial deterioration of Shipper's financial condition? __Yes __No
 - Subject to any collection lawsuits or outstanding judgments which would affect shippers ability to remain solvent? __Yes __No
 - Are there any overdue amounts owed Kinder Morgan? __Yes __No

Please enclose current financial statements, annual reports, 10-K or other reports to regulatory agencies, or any reports from credit reporting agencies which are available.

Please provide date when requested service or capacity release pre-qualification is required. _____(Date)

Incomplete applications will be declined. Allow 10 days for credit review and approval process.

Signature

Date

Return this Credit Application and Supporting Financial Information to: Kinder Morgan Inc
Attention: Ralph Lohr
747 East 22nd Street
Lombard, IL 60148
Telephone: 630/691-3395
Facsimile: 630/691-3460
Ralph_Lohr@kindermorgan.com