



Imbalance Trading Form (ETRAD)

Business Party Name: _____	Imbalance Month: _____	Today's Date: _____
Market Pool Name: _____	Gas Scheduler Name: _____	Phone #: _____

TRADES IN

<u>Name of Imbalance (From)</u>	<u>Available Volume</u>	<u>Volume to Trade</u>	<u>Date</u>	<u>Select Trade Time:</u> <u>9am-12pm or</u> <u>1pm-4pm</u>

TRADES OUT

<u>Name of Imbalance (To)</u>	<u>Available Volume</u>	<u>Volume to Trade</u>	<u>Date</u>	<u>Select Trade Time:</u> <u>9am-12pm or</u> <u>1pm-4pm</u>

All Volumes are in Shrunk MCF

Email to: TSSsupport@natfuel.com and CzechowiczD@natfuel.com

If email is unavailable, fax to Transportation Services at (716) 857-7479

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____