



## QPTM Access Request Form

**Instructions:** Please complete the requested information and email to:  
CustomerService@americanmidstream.com

**Return this Form to:**  
American Midstream  
2103 CityWest Blvd. Building 4, Suite 900  
Houston, TX 77042

### Transportation Service Provider

**Choose All That Apply:**

AlaTenn:	HPGT:
Bamagas:	MIDLA:
Chalmette:	MLGT:
HPGG:	Trigas:
Destin:	Okeanos:

### Company Information

**Legal Name:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

### Employee Information

**Full Name of Employee Requesting Access:**

**Phone No.:**

**Ext.:**

**Fax No.:**

**Email Address:**

### Indicate functions needed for this Authorized User:

	Read Only
	Accounting: Imbalance Elections/Trades, Invoicing
	Contracts: Request New Service and Amendments
	Capacity Release: Submit Capacity Release Offers, Bids, Recall and Reput
	Nominations: Submit Nominations & Confirmations
	Allocations: Submit PDA's, View Measurement & Imbalances
	Reporting: View all Reports

**Signature of Employee Requesting Access:**

**Date:**

**APPROVED BY Manager of Employee Requesting Access (Please Print):**

**Signature of APPROVER:**

**Title:**

**Tel. No.:**

### FOR AMID'S CUSTOMER SERVICES DEPARTMENT USE ONLY:

**Security Approved By:**

**Date:**

**USER ID:**