



Customer Contact Information

Instructions: Please complete the requested information and email to:
 CustomerService@americanmidstream.com
Note: Customer is responsible for updating Contact Information

Transportation Service Provider: *(Choose all that apply)*

AlaTenn	Lavaca
Bamagas	Madison
Chalmette	Magnolia
Gloria	MIDLA
HPGG	MLGT
HPGT	Quivira
Lafitte	Trigas

Company Information

Legal Name:
Trade Name:
D&B No:
Federal Tax ID:
Phone:
Fax:
24-Hour Emergency Telephone or Cell No.:
Type of Legal Entity:
(If Corporation, State of Incorporation):

Shipper is: *(Choose all that apply)*

<input type="checkbox"/> a local distribution company (LDC)	<input type="checkbox"/> a producer
<input type="checkbox"/> an interstate pipeline	<input type="checkbox"/> a marketer/broker
<input type="checkbox"/> an intrastate pipeline	<input type="checkbox"/> pipeline sales operating unit
<input type="checkbox"/> an end-user	<input type="checkbox"/> Other:

Shipper Addresses

Mailing Address:		
City:	State:	Zip:
Street Address:		
City:	State:	Zip:
Bills to be sent to the attention of:		
<i>(If the Billing Contact above is a person, please fill out the person's contact information on Page 2, checking the Billing Contact Type).</i>		
Billing Address (if different from above mailing address):		
P. O. Box:		
City:	State:	Zip:



Other Contact Information					
(OFO, General Correspondence, Tariff Filing, Contract Administration)					
Note:					
1) Please provide 3 names as OFO contact for your company, including an email address for each contact since notices are sent through email.					
Legal Name:					
Last Name:		First Name:		MI:	
Title:					
Business Phone:			Business Fax:		
Cell Phone:					
Email Address:					
Postal Address (if different from Page 1):					
City:		State:		Zip Code:	
Contact Type (s) : Select all that Apply					
<i>OFO</i>	<i>Gen. Correspondence</i>	<i>Tariff Filing</i>	<i>Billing</i>	<i>Contract Admin</i>	<i>Credit</i>
Last Name:		First Name:		MI:	
Title:					
Business Phone:			Business Fax:		
Cell Phone:					
Email Address:					
Postal Address (if different from Page 1):					
City:		State:		Zip Code:	
Contact Type (s) : Select all that Apply					
<i>OFO</i>	<i>Gen. Correspondence</i>	<i>Tariff Filing</i>	<i>Billing</i>	<i>Contract Admin</i>	<i>Credit</i>
Last Name:		First Name:		MI:	
Title:					
Business Phone:			Business Fax:		
Cell Phone:					
Email Address:					
Postal Address (if different from Page 1):					
City:		State:		Zip Code:	
Contact Type (s) : Select all that Apply					
<i>OFO</i>	<i>Gen. Correspondence</i>	<i>Tariff Filing</i>	<i>Billing</i>	<i>Contract Admin</i>	<i>Credit</i>



American Midstream Contact Information

Notices and General Correspondence

American Midstream Partners, LP
919 Milam Street, Suite 2450
Houston, TX 77002

Attention: Scheduling
Business Phone No.: (713) 815-3999
Email: CustomerService@americanmidstream.com

Dispatching Nom/Confirmation

Attention: Scheduling
Business Phone No.: (713) 815-3999
Email: CustomerService@americanmidstream.com

Emergency and 24-Hour

Attention: Pipeline System Operations
Regulated 1-800-926-4352
Non- Regulated 1-800-323-6241
Non- Regulated 1-800-343-2336
Non- Regulated 1-800-926-4352

Accounting and Invoicing

Attention: Accountant
Email: accountspayable@americanmidstream.com
Business Phone No.: (720) 457-6044