

**Enogex LLC**  
**Customer Activities Website Access Authorization User Form**

To authorize or terminate designated individuals to utilize and/or access the Enogex Customer Activities Website in order to view or conduct business on behalf of your company, please **print a copy of this form on your company's letterhead, complete and return by facsimile to 405-557-7904.**

**An executed "Customer Activities Website Agreement" must accompany this form or be on file prior to submitting this form.** If a Customer is designating user access to an Agent, the Customer must submit this form on its own letterhead and sign as the Authorizing Party and the Agent should sign as the User.

**Customer Authorizing Access to View or Conduct Business on Its Behalf:**

Company Name: \_\_\_\_\_

Address: Phone: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Please list all additional affiliates/entities for which **the designated user** is entitled access, if any.

Additional Affiliates/Entities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADD USER** Please designate level of use granted:  **DATA ENTRY/UPDATE RIGHTS**  **READ ONLY RIGHTS**

**REMOVE USER** User's login ID, if known: \_\_\_\_\_ (Please authorize a new user, if removing sole user.)

**Designated User Information:**

User Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

eMail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizing Party

\_\_\_\_\_  
Signature of New User

\_\_\_\_\_  
Printed Name of Authorizing Party

\_\_\_\_\_  
Title of Authorizing Party

\_\_\_\_\_  
Effective Date of User Form

Upon confirmation, an Enogex Representative will phone you with your ID and initial password.  
If you have any questions, please contact Customer Care at 800-736-8492.