

WILLIAMS MLP OPERATING LLC
CAW Entry Authorization Form – Customer User Designation

To authorize or terminate designated individuals to utilize and/or access the Customer Access Website (CAW) 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 email to access.caw@williams.com or by facsimile to (405)727-3220.**

An executed "Customer Access Website Agreement" must accompany this form or be on file prior to submitting this form. All capitalized terms not defined herein shall have the meaning set forth in the executed Customer Access Website Agreement. If a Customer is designating user access to an agent of Customer ("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. A User ID that remains inactive for a period of 180 days is subject to automatic termination by Access Midstream.

Customer Authorizing Access to View or Conduct Business on Its Behalf:	
Company Name:	_____
Address:	_____
Phone:	_____
Please list all additional affiliates/entities for which the designated user is entitled access, if any.	
Additional Affiliates/Entitie :	_____
Please designate whether User is:	
	<input type="checkbox"/> Agent
	<input type="checkbox"/> Customer
Please designate operating area:	
	<input type="checkbox"/> Barnett
	<input type="checkbox"/> Eagle Ford
	<input type="checkbox"/> Haynesville
	<input type="checkbox"/> Marcellus
	<input type="checkbox"/> Mid-Continent
	<input type="checkbox"/> Niobrara
	<input type="checkbox"/> Utica
	<input type="checkbox"/> Other _____

ADD USER Please designate level of use granted:	<input type="checkbox"/> DATA ENTRY/UPDATE RIGHTS	<input type="checkbox"/> READ ONLY RIGHTS
<input type="checkbox"/> 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: _____		
Phone: _____	Fax: _____	Email address: _____

Signature of Authorizing Customer Representative

Signature of New User

Printed Name of Authorizing Customer Representative

Title of Authorizing Customer Representative

Effective Date of User Form

Upon confirmation, a Williams Representative will contact you with your ID and initial password.
If you have any questions, please contact the Resolution Center at (405)698.5555.
Terminations will be effective within two business days of receipt of Customer Notice.