



IMBALANCE TRADING AGREEMENT
FOR

_____ (Month/year)

To: Southern California Gas Company
Gas Scheduling
555 West Fifth Street
Los Angeles, California 90013-1011
Fax to: (213) 244-8281

Submitted By: _____
Phone: _____
Fax: _____
E-mail address: _____
Date: _____

FROM OCC/CM/AG Code: _____ [] Seller [] Buyer [] Both

I hereby agree to trade _____ therms of natural gas
(Quantity)

[] FROM my

[] TO my

[] Imbalance Account

[] Storage Account

Storage Account:

[] Transaction Based

WITH the following party: _____
(OCC/CM/AG Code)

If the trade is in accordance with Rate Schedule G-IMB, my account will be adjusted by the amount indicated above. A processing fee will be assessed for each transaction. If you have any questions regarding imbalance trades, please call the Gas Scheduling Hotline at (213) 244-3900.

Signed: _____

Title: _____

Company Name _____

Billing Address: _____
