

BASE INTERRUPTIBLE PROGRAM (BIP) AGGREGATOR CREDIT APPLICATION

Section I: General Information - Aggregator			
Entity Name:		DBA:	
Business Street Address:			
City:		State:	Zip Code:
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone Number:		Alternate Phone Number:	
Taxpayer ID Number:		Social Security Number:	
Type of Applicant Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Corporation			
Principal Owners/Officers:		Titles:	
General Partners Names:		Social Security Numbers:	
Section II: Credit Information - Aggregator			
Does your entity have public debt?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your entity a publicly traded corporation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fiscal Year End (Month/Day):			
Do you have a parent entity? If yes complete Sections III & IV		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III: General Information - Parent Entity			
Individual Name/Business:		DBA:	
Business Street Address:			
City:		State:	Zip Code:
Mailing Street Address:			
City:		State:	Zip Code:
Primary Phone Number:		Alternate Phone Number:	
Taxpayer ID Number:		Social Security Number:	
Type of Applicant Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Corporation			
Principal Owners/Officers:		Titles:	
General Partners Names:		Social Security Numbers:	
Section IV: Credit Information - Parent Entity			
Does this entity have public debt?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this entity a publicly traded corporation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fiscal Year End (Month/Day):			
Contact Name & Title (for Credit Concerns):			
Contact Phone Number:			
Signature: _____		Phone Number: _____	
Name (Printed): _____		Date: _____	
Title: _____			