CAPACITY BIDDING PROGRAM
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: ☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership ☐ Governmental ☐ Corporation			
Principal Owners/Officers:	Titles:		
General Partners Names:	Social Security Numbers:		

Section II: Credit Information - Aggregator			
Does your entity have public debt?	☐	Yes ☐	No
Is your entity a publicly traded corporation?	☐	Yes ☐	No
Fiscal Year End (Month/Day):			
Do you have a parent entity? If yes complete Sections III & IV	☐	Yes ☐	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: ☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership ☐ Governmental ☐ Corporation			
Principal Owners/Officers:	Titles:		
General Partners Names:	Social Security Numbers:		

Section IV: Credit Information - Parent Entity			
Does this entity have public debt?	☐	Yes ☐	No
Is this entity a publicly traded corporation?	☐	Yes ☐	No
Fiscal Year End (Month/Day):			
Contact Name & Title (for Credit Concerns): Contact Phone Number:			
Signature: _____	Phone Number: _____		
Name (Printed): _____	Date: _____		
Title:			