

SHIPPER CREDIT INFORMATION FORM

PLEASE RETURN THIS FORM WITH AUDITED FINANCIALS TO: Gina Ferreri, Contracting & Credit Services Rep.
 Phone: 203-925-7229 Fax: 203-925-7296

Financial Year End Occurs on (please enter date): _____

SHIPPER'S INFO	Name	_____	Shipper No.	_____	
	Address	City _____ State _____ Zip _____		DUNS	_____
				Co. Main No.	_____
				Contact Name	_____
	Nature of Business	_____		Fax	_____
	Years of Operation	_____		Moody's or Standard & Poor's Bond Rating (if applicable): _____	
Legal Entity <i>(LP, LLC, Corp, etc)</i>	_____				

PARENT COMPANY	Parent Company Name	_____	DUNS	_____	
	Parent Company Address	City _____ State _____ Zip _____		Co. Main No.	_____
				Phone	_____
	Contact Name	_____	Fax	_____	

GUARANTOR	Guarantor Name	_____	DUNS	_____	
	Guarantor Address	City _____ State _____ Zip _____		Co. Main No.	_____
				Phone	_____
	Contact Name	_____	Fax	_____	

SHIPPER CREDIT INFORMATION FORM

SUPPLIER OF CREDIT REFERENCES	Supplier Name _____	Supplier Name _____
	Address _____	Address _____
	Supplier Contact _____	Supplier Contact _____
	Phone _____	Phone _____

COGENERATION SHIPPERS	Cogen Purchaser _____	Fuel Supplier _____

Internal Use Only

SHIPPER CREDIT FORM completed: (Yes/ No)

If NO, data missing: _____

If NO, date letter sent/call made: _____

Follow up comments: _____

AUDITED FINANCIALS received: (Yes/ No)

If NO, why: _____

If NO, date letter sent/call made: _____

Follow up comments: _____
