######  APPLICATION FOR UNSECURED CREDIT

SEND COMPLETED APPLICATION TO:

CALIFORNIA INDEPENDENT SYSTEMS OPERATOR CORPORATION

**250 OUTCROPPING WAY**

FOLSOM, CA 95630

**ATTN: CHRISTINA M. BILLING – LEAD TREASURY & CREDIT ANALYST**

**TEL: (916) 351-2204 FAX: (916) 608-5071 EMAIL:** **cbilling@caiso.com**

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| **APPLICANT’S FULL LEGAL NAME** | DUNS (D&B) NUMBER      |
| **OTHER NAMES USED BY THE APPLICANT** | FEDERAL EIN      |
| **ADDRESS OF PRINCIPLE PLACE OF BUSINESS** | **STATE OF INCORPORATION** |
| **CITY** | **STATE** | **ZIP** | **MAIN CORPORATE TELEPHONE NO.** |
| **TYPE OF BUSINESS (See Section 4.2 of CAISO’s Business Practice Manual for Credit Management & Market Clearing for definitions)****[ ]  Rated Public/Private Corp.   [ ]  Unrated Public/Private Corp.   [ ]  Rated Governmental Entity [ ]  Unrated Governmental Entity** |
| **APPLICANT IS PRIMARILY A (Check all applicable categories):** **[ ]  Municipal Utility [ ]  Power Marketer  [ ]  Load Serving Entity [ ]  Provider of Last Resort [ ]  Cooperative   [ ]  Generator** **[ ]  Federal or State Entity [ ]  End User / Self-Generator [ ]  Transmission Customer Only [ ]  Investor Owned Utility** **[ ]  Other**  |
| **UNSECURED CREDIT RATINGS** **Rating Watch:** **(Pos / Neg / Stable)**  **MOODY’S:**  **S&P:**  **Other:**  | **INTENDED FORM(S) OF CREDIT SUPPORT****(if required):****[ ]   Letter of** **[ ]   Guaranty** **[ ]   Cash Deposit (Prepayment)** | **FINANCIAL INFORMATION AVAILABLE** **ON COMPANY WEBSITE?** **[ ]  Yes****[ ]  No**  **URL:**  |
| **CREDIT CONTACT** | **TELEPHONE** | **FAX** | **E MAIL** |

BANK REFERENCE

|  |  |  |
| --- | --- | --- |
| **BANK NAME** | **ACCOUNT #** | **CONTACT PERSON AT BANK** |
| **STREET ADDRESS** | **CITY** | **STATE** | **ZIP** | **PHONE #**  |
| **FAX #**  |

OTHER INFORMATION

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| 1. **Has the Applicant filed for, or been in, bankruptcy at any time during the past seven years? Yes [ ]   No [ ]**
2. **Is the Applicant an affiliate of an existing CAISO participant or a subsidiary or affiliate of an entity providing a corporate guaranty for an existing CAISO participant? Yes [ ]   No [ ]  Participant’s Name** **Guarantor**
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CHECKLIST

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|  **The following financial information must accompany this Application or instructions provided as to where the information can be found.**  **[ ]  Audited financial statements for the most recent three fiscal years** **[ ]  Financial statement for the most recent financial quarter** **[ ]  Credit agency report(s)**  |

AUTHORIZED SIGNATURE

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| **The undersigned is an agent of the Applicant company with authority to bind the company and enter into this credit application and commit to the Credit Policy terms and conditions. The undersigned affirms that the information provided in and with this Application is true and accurate. Applicant affirms that it has read and will comply with the terms of the California ISO Business Practice Manual for Credit Management & Market Clearing currently in effect, or as may be modified from time to time. Applicant acknowledges its responsibility to provide the ISO financial reports on a timely basis and prompt notification of material changes to its financial condition. Applicant specifically authorizes the California ISO to investigate, on an ongoing basis, the Applicant’s credit history and creditworthiness. Applicant acknowledges that California law shall apply and venue for any disputes shall be in courts located within the State of California.** **SIGNATURE TITLE (Duly Authorized)** **PRINTED NAME DATE** |