



## New Supplier Prescreening Form

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Job Title: \_\_\_\_\_ Company Website: \_\_\_\_\_

The following information must be completed in full:

Corporation Partnership Individual Government Other (Explain): \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Size Standard: \_\_\_\_\_

Tax ID (SSN or EIN#): \_\_\_\_\_ DUNS#: \_\_\_\_\_

*\*(W-9 Required)*

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Register in SAM SAM Expiration Date: \_\_\_\_\_ Is your company (or parent) a publicly traded company? \_\_\_\_\_

Briefly describe your company capability and quality system:

Acknowledged and Submitted:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed Date

*\*CA may request for your company financial data as part of the onboarding process.*

**What should I submit?**

Your company's Balance Sheet, Income Statement, and Statement of Cash Flows for the prior two annual periods, as well as the most recent half-year.

*Please note that this data may be provided to our third-party financial health assessment company, Rapid Ratings International Inc. [www.rapidratings.com](http://www.rapidratings.com).*

PLEASE EMAIL COMPLETED AND SIGNED FORM AND W-8 OR W-9 TO [SUPPLIERS@TERRAPOWER.COM](mailto:SUPPLIERS@TERRAPOWER.COM) ALONG WITH A COMPANY BROCHURE OR YOUR FORM MAY NOT BE CONSIDERED. INCOMPLETE OR UNSIGNED FORMS WILL NOT BE APPROVED.