

New Supplier Prescreening Form

Company Name:					
Billing Address:					
City:			State:		Zip Code:
Telephone:			Fax:		Years in Business:
Contact Name:			Ema	il:	
Contact Job Title:			Company Website:		
			E-mail complete	ed application with	h company brochure to: suppliers@terrapower.com
The following informat	ion must be complete	ed in full:			
Corporation	Partnership	ership Individual		vernment	Other (Explain):
NAICS Code: Size Standard:					
Tax ID (SSN or EIN#: *(W-9 Required) Shipping Address:					
city:					
Telephone:			Fax:		
Register in SAM SAM Expiration Date:			Is your company (or parent) a publicly traded company?		
Briefly describe your	company capability <u>a</u>	ı <u>nd</u> quality syst	em:		
Acknowledged and Su	ıbmitted:				
9			*CA may request for your company financial date as part of the onboa process.		
Print Name					nit? ance Sheet, Income Statement, and Statement of Cash o annual periods, as well as the most recent half-year.
				data maybe provided to our third-party financial health y, Rapid Ratings International Inc. <u>www.rapidratings.com.</u>	
Title					
Signature	Siç	gned Date			

PLEASE EMAIL COMPLETED AND SIGNED APPLICATION TO <u>SUPPLIERS@TERRAPOWER.COM</u> ALONG WITH A COMPANY BROCHURE OR YOUR APPLICATION MAY NOT BE CONSIDERED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE APPROVED.