



TRI-STATE

Generation and Transmission
Association, Inc.

Transmission Credit Application

Legal name of Applicant: _____

Name under which business is operated: _____

Expected level of transmission service required per month: \$ _____

Primary contact name, telephone number, and e-mail regarding this application for credit:

Name: _____ Phone: _____ E-Mail: _____

Tax Id number: _____ Duns number: _____

Complete physical address: _____

Complete billing address: _____

Applicants can apply for unsecured credit either under qualification Method #1 or Method #2. You are encouraged to read the details regarding our qualification process for both methods posted on Tri-State Generation and Transmission Association, Inc's OASIS site:

Business Practices, Waivers, and Exemptions

Tri-State Business Practices

[Business Practices for Credit Security](#)

OR

[http://www.oatioasis.com/TSGT/TSGTdocs/Attachment_A - Business Practices for Credit Security Final.pdf](http://www.oatioasis.com/TSGT/TSGTdocs/Attachment_A_-_Business_Practices_for_Credit_Security_Final.pdf)

Please continue completing the application after a determination has been made as to which Qualification Method this application should be subject to.

This application is being submitted under Method 1

The undersigned officer warrants the following;

1. The Applicant is (i) an investor owned utility ("IOU"), public power district, municipal utility, transmission provider, or distribution utility and (ii) has the direct authority to establish and adjust rates to recover costs, including power costs; AND
2. The Applicant is not currently in payment default to Tri-State Generation and Transmission Association, Inc. (Tri-State) or another known party and has not been in payment default to Tri-State or another known party during the prior 3 years; AND
3. The Applicant has not experienced a material adverse change in its financial condition or payment practices during the prior year.

By: _____ Title: _____

Authorized Signature: **X** _____ Date: _____

Transmission Credit Application

This application is being submitted under Method 2

As required by Qualification Method 2, Applicant submits the latest three years of financial statements, in whole, available from the Applicant or if applicable the Applicant's Guarantor. Statements include the accountant's audit, review, or compilation report letter, balance sheets, income statements, cash flow statements, and the related footnotes as available.

Year and state when/where Applicant was formed: _____

Year present ownership/management commenced: _____

List each member of the corporate family tree starting with the ultimate parent down to Applicant:

Guarantor if any: _____

Guarantor Tax Id number: _____

Duns number: _____

Complete physical address: _____

The undersigned officer warrants the following;

1. That all information provided herein and herewith, including information contained in financial statements provided in conjunction herewith, are true and correct
2. That there has been no material change in the financial position of the Applicant since the date of said financial statements, except as may be notated in the margins thereof, and that there has been no omission of material information that would be significant in evaluating Applicant's and/or Guarantor's creditworthiness.

The undersigned also acknowledges that Tri-State Generation and Transmission, Inc. intends to rely upon the same in determining whether or not to extend credit to Applicant.

By: _____

Title: _____

Authorized Signature: **X**

Date: _____

This application and supplementary information should be submitted:

Via US Postal Mail:

Tri-State Generation and Transmission Association
Credit Administration 2nd Floor
P.O. Box 33695
Denver, CO 80233

Via Overnight Courier:

Tri-State Generation and Transmission Association
Credit Administration 2nd Floor
1100 W. 116th Ave.
Westminster, CO 80234

Or by e-mailed to MMacha@TriStateGT.org