## Retail Gas Supplier Credit Application

Legal Company Name: Street Address:		Trade Nam Mailing	ne (d/b/a): Address:
Contact Name: Telephone: Date Established: Type of Business:	(Public or Privately-Held	Parent (	Fax:Company:k Symbol:
	Corporation, Limited or Ger Partnership, Limited Liabilit Group, Proprietorship)		
State of Incorporation: Federal Tax ID #: State Tax ID #: Sales Tax Exempt #: Dun & Bradstreet #:			/ Officers:
Please provide the following Annual Financial Statemen			applicable: if provided within the last six months)
Quarterly Financial Statem	nent Enclosed: Yes_	No (Not required	if most recent already provided)
Long Term Senior Unsed	cured Rating	None:	Type of Debt / Instrument Rated
Standard & Poor's Rating	j:	None:	
Parent Company Senior	Unsecured Debt Ra	iting	Type of Debt / Instrument Rated
Moody's Rating Standard & Poor's Rating	i:	None:	
Bank Reference Name: Bank Contact Name: Bank Address:			
Bank Phone: Check Account No.:	Bank Fax: Loan Account No.:		

Ameren reserves the right to deny service to a RGS failing to demonstrate creditworthiness or provide an acceptable form of security. Consult The RGS Handbook for registration requirements and qualifications.

The RGS will promptly notify Ameren if any financial or credit application information changes.

Signature of Authorized Officer of Applicant:	
Printed Name:	
Title:	
Date:	