

**CREDIT APPLICATION FORM** 

## Central Washington Asphalt, Inc.

PO Box 939 Moses Lake, WA Phone 509-765-5757 Fax 509-765-8052

| _  | BUSINESS NAME/LESSEE   |  |   |   |   |   | DBA   |  |  |  |
|--|--|--|---|---|---|---|---|--|--|--|
| B<br>U   | ADDRESS (STREET)   |  | (CITY)  | 5   | (STATE  | =)  | (COUNTY)  |  | (ZIP   | CODE)  |
| S  | PHONE  | FAX  |   | EMAIL   | EMAIL WEBSITE   |   |   |  |  |  |
| N  |  | - <u> </u>   |   |   |   |   |   |  |  |  |
| E<br>S   | BUSINESS DESCRIPTION   |  | BUSINESS TYP  | E (CORP, LCC, I   | PROPRIETORSHIP, E   | ETC.)   | YEARS OW  | NED  | FEI  | D. TAX NO.   |
| S  | LOCATION OF EQUIPMENT (STREET)   |  | (CITY)  |   | (STATE  | =)  | (COUNTY)  |  | (ZIP   | CODE)  |
|  |  |  |   |   |   |   |   |  |  |  |
|  | PRINCIPAL'S NAME   |  | TITLE   | % OWNER   | RSHIP   | HOME F  | PHONE NO.   |  | SOC  | C. SEC. NO.  |
| o<br>w   | HOME ADDRESS (STREET)  | (CITY)   | 1   |   | (STATE)   | (ZIP CO   | DE)   |  |  | HOW LONG?  |
| Ν  | PRINCIPAL'S NAME   |  | TITLE   | % OWNER   | 20110   | HOME  |   | RENT   |  | 250 110  |
| E<br>R   | 10 minute contract of the state |  | IIILE   | % OTTIL.  |   |   | PHONE NO.   |  | 500  | C. SEC. NO.  |
| S<br>H   | HOME ADDRESS (STREET)  | (CITY)   |   |   | (STATE)   | (ZIP CO   | DE)   | OWN<br>RENT  |  | HOW LONG?  |
| I<br>P   | PRINCIPAL'S NAME   |  | TITLE   | % OWNER   | RSHIP   | HOME F  | PHONE NO.   |  |  | C. SEC. NO.  |
|  | HOME ADDRESS (STREET)  | (CITY)   |   |   | (STATE)   | (ZIP CO   | DE)   | OWN  |  | HOW LONG?  |
|  |  |  |   |   |   |   |   | RENT   |  |  |
|  | BANK   | BRANCH   |   |   |   | TELEPH  | IONE  | CONT   | ACT  |  |
| B<br>A   | ACCOUNT UNDER NAME OF  | CHECKING   | G ACCT. NO.   | Si  | SAVINGS ACCT. NO.   | L   |   | OTHER AG   | CCT. NO  | 0.   |
| N  | BANK   | BRANCH   |   | I   |   | TELEPH  | TELEPHONE   |  | TACT   |  |
| K<br>S   | ACCOUNT UNDER NAME OF  | CHECKIN  | C LOOT NO   | s   | SAVINGS ACCOUNT N   |   |   | OTHER AC   |  |  |
|  | ACCOUNT UNDER NAME OF CHECKING ACCT. NO.   |  |   |   | AVINGS AUGULI.  | 10.   | 1   | OIHER  | JUI  | 0.   |
|  |  |  |   |   |   |   |   |  |  |  |
|  | COMPANY NAME   |  | EMAIL ADDRES  |   | TELE  | EPHONE  | NO.   | C  | ONTAG  | CT PERSON  |
| TR   | COMPANY NAME   |  | EMAIL ADDRES  |   | TEL   | EPHONE  | NO.   | C,   | ONTA   | CT PERSON  |
| R<br>A   | COMPANY NAME   |  | EMAIL ADDRES  |   | TELI  | EPHONE  | NO.   | C  | ONTA   | CT PERSON  |
| R<br>A<br>D<br>E   | COMPANY NAME   |  | EMAIL ADDRES  |   | TELI  | EPHONE  | NO.   | C  | ONTA   | CT PERSON  |
| R<br>A<br>D  | COMPANY NAME   |  | EMAIL ADDRES  |   | TELI  | EPHONE  | NO.   | C  | ONTA   | CT PERSON  |
| R A D E S E  | COMPANY NAME   |  | EMAIL ADDRES  |   | TELI  | EPHONE  | NO.   | С  |  | CT PERSON  |
| R<br>A<br>D<br>E<br>S  |  |  | EMAIL ADDRES  |   | (STATE)   |   | NO.<br>ZIP CODE)  | CONT   |  |  |
| R A D E S E Q U I  | VENDOR/SUPPLIER<br>ADDRESS (STREET)  |  |   |   |   |   |   | CONT   | TACT   |  |
| R A D E S<br>E Q U I P M   | VENDOR/SUPPLIER  |  |   |   |   |   |   | CONT   | TACT   |  |
| RADES  | VENDOR/SUPPLIER<br>ADDRESS (STREET)  |  | (CITY)  |   | (STATE)   |   | ZIP CODE)   | CONT   | TACT   |  |
| RADES  | VENDOR/SUPPLIER<br>ADDRESS (STREET)<br>EQUIPMENT DESCRIPTION<br>COST OF EQUIPMENT  |  | (CITY)<br>PROPOS  | S<br>S<br>SED TERM  | (STATE)   | (,<br>VN PAYMEI   | ZIP CODE)   | CONT<br>TELE<br>RES  | TACT   | E<br>. / BUYOUT  |
| R<br>A<br>D<br>E<br>S<br>C<br>U<br>I<br>P<br>M<br>E<br>N<br>T<br>I<br>hee<br>and<br>a cr<br>revi<br>graf<br>ack<br>By: | VENDOR/SUPPLIER<br>ADDRESS (STREET)<br>EQUIPMENT DESCRIPTION   | o release an<br>on and subs<br>nt, (iv) this<br>or manually<br>(vi) this rec | (CITY)<br>PROPOS<br>true and correct, (ii)<br>ny requested informat<br>sequently for the pur-<br>information may be<br>y, and that by submitt<br>equest is for business | SED TERM<br>you are heret<br>tion to your o<br>poses of upda<br>transmitted b<br>ting this appli<br>purposes, (vi | (STATE)  (STATE)  DOW  by authorized to in or your nominee, ( late, renewal or ex by us to you and b lication, I take full ii) I consent to rec Date: | (Investigat<br>(iii) such<br>tension o<br>ty you to<br>l respons<br>ceiving u | ZIP CODE)<br>NT<br>te all bank, cr<br>a authorization<br>of such credit<br>underwriter/s<br>sibility for trai | CONT<br>TELE<br>RES<br>redit and<br>n shall ex<br>or additi<br>s for the p<br>nsmission<br>fo via en | TACT<br>PHONE<br>SIDUAL<br>trade n<br>tctend t<br>ional c<br>purpos<br>n there<br>nail, fa | E<br>./ BUYOUT<br>references,<br>to obtaining<br>credit and for<br>se of<br>eof, (v) I<br>ax or phone. |