



Central Washington Asphalt, Inc.
 PO Box 939
 Moses Lake, WA
 Phone 509-765-5757 Fax 509-765-8052

CREDIT APPLICATION FORM

B U S I N E S S	BUSINESS NAME/LESSEE			DBA		
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	PHONE	FAX	EMAIL	WEBSITE		
	BUSINESS DESCRIPTION		BUSINESS TYPE (CORP, LCC, PROPRIETORSHIP, ETC.)		YEARS OWNED	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

O W N E R S H I P	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN <input type="checkbox"/>	HOW LONG?
						RENT <input type="checkbox"/>	
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN <input type="checkbox"/>	HOW LONG?
						RENT <input type="checkbox"/>	

B A N K S	BANK	BRANCH		TELEPHONE	CONTACT	
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS ACCT. NO.		OTHER ACCT. NO.	
	BANK	BRANCH		TELEPHONE	CONTACT	
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS ACCOUNT NO.		OTHER ACCT. NO.	

T R A D E S	COMPANY NAME	EMAIL ADDRESS	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR/SUPPLIER				CONTACT
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	TELEPHONE				
	EQUIPMENT DESCRIPTION				
COST OF EQUIPMENT		PROPOSED TERM	DOWN PAYMENT	RESIDUAL / BUYOUT	

I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank, credit and trade references, and said references are hereby authorized to release any requested information to your or your nominee, (iii) such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriter/s for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I acknowledge my rights under the F.C.R.A, (vi) this request is for business purposes, (vii) I consent to receiving updates and info via email, fax or phone.

By: _____ Date: _____
 By: _____ Date: _____
 By: _____ Date: _____