ARF-01 (Rev 14 November 2011)

HOLROYD COMPANY, INC.

P.O. Box 39009 Lakewood, WA 98496-3009 **Credit Application**

Corporate Office: (253) 474-0725

Fax: (253) 474-3140

This statement is made for the sole purpose of establishing a line of credit with Holroyd Company, Inc., and the information contained herein is complete, accurate, and truthful.

Business name of Applicant:		
Business Street Address:	() Corp. –c	or– () Local Office
Mailing Address: City: _	Zip: Phone:	
Type of business: () Sole Proprietor () Corporation		
How long in the business: Number of e		
Cont. Lic. # Exp. Date:		
Sales Tax Resale # (Permit rec		
Bonding Co.: Be	nd#	
Business Bank: Branch: A	count#	
Business Bank: Branch: A Construction lender: Pho	ne: Contract	Have you or any
other owner or officer ever done business with Holroyd	Co., Inc.? Y/N If yes, Under what name?	
Within the past 5 years, have you or any other owner or		
pany which declared bankruptcy or otherwise sought the was filed		n which the petition
Does your business have any past due accounts payable	notes, or other indebtedness? Y/N	
Does your business have any unpaid taxes, Employment	Security or Labor & Industries? Y/N	
Does your business have any lawsuits pending or judgm		
If you answered yes to any of the above, provide compe	e listings & information on a separate page or the back	of this application.
Financial statement attached () business () personal		
Last year for which federal income tax returns were file	Business / Personal	
Owners name, home street address, home phone (list all	owners or partners, use additional sheets as necessary).	
Name:Address:		
Name:Address:	Phone:	
	RENCES (TRADE SUPPLIERS)	
Prior / other concrete products supplier:		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
area la Description de la Driver de la Live	Control	
(If Sole Proprietor or partner) Driver's Lic. #	State:	
Social Security #		
Spouse's #		
Acceptance of personal liability:		1: .1: 4 1:
Applicant hereby grants permission to Holroyd Co., Inc. ("HCI") to votion, and to make all other inquiries deemed necessary or appropriate		
represents and warrants to HCI that all financial information provided		
represents a fair and accurate statement of the financial information st	ed therein and that there is no material error or omission. Applicant a	acknowledges that HCI
will rely upon this Application and all financial information concerning	Applicant furnished to HCI in making its credit determinations. App	olicant will promptly fur-
nish to HCI additional information as requested. Applicant acknowled		
to make any required payment to HCI when it is due, Applicant shall any amount owing to HCI by Applicant, whether or not a lawsuit is in		
may be responsible for lien filing fees. Applicant shall pay interest on		
amount owing has become past due. If any credit reference should or		
such name(s) above. The undersigned has personally reviewed the infe		
forgoing representations, and believes the same to be true and accurate he or she is and shall be personally and individually liable for Applica	In the event that Applicant shall default in its obligations to HCl, the	e undersigned agrees that
costs incurred by HCI in collecting from Applicant or from the unders		eys fees and coffection
costs meaned by 1101 in concerning from 1 ppresum of from the under	,	
Type or Print full & complete name		
	~	
χ	$\frac{\chi}{\mathcal{L}}$ Date Signed	
Signature (personal guarantor's signature requires no title)	Date Signed	
If signing as a Corporate Officer, indicate title:		
Credit Authorization requested \$	Granted \$	
C. Call Indiorization requested ϕ		