



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:
Mailing Address:
Type of business:
How long in the business:
Cont. Lic. #
Sales Tax Resale #
Bonding Co.:
Business Bank:
Construction lender:
Within the past 5 years, have you or any other owner or officer declared personal bankruptcy...
Does your business have any past due accounts payable...
Does your business have any unpaid taxes...
Does your business have any lawsuits pending...
Financial statement attached...
Last year for which federal income tax returns were filed:
Owners name, home street address, home phone...

CREDIT REFERENCES (TRADE SUPPLIERS)

Prior / other concrete products supplier:
Name:
Name:
Name:

(If Sole Proprietor or partner) Driver's Lic. #
Social Security #
Spouse's #

Acceptance of personal liability:

Applicant hereby grants permission to Holroyd Co., Inc. ("HCI") to verify the foregoing credit information about Applicant from the references stated in this Application, and to make all other inquiries deemed necessary or appropriate by HCI in order for HCI to make a determination about extending credit to Applicant.

Type or Print full & complete name

X
Signature (personal guarantor's signature requires no title)
If signing as a Corporate Officer, indicate title:

X
Date Signed

Granted \$

Credit Authorization requested \$