



PO Box 625 Preston, WA 98050 (425) 287-8286 www.eastsiderock.com

CONFIDENTIAL CREDIT APPLICATION
(please fill out completely)

BUSINESS NAME: _____ PHONE # _____

EMAIL: _____ FAX: _____

LOCATION ADDRESS _____
ADDRESS CITY STATE ZIP CODE

BILLING ADDRESS _____
ADDRESS CITY STATE ZIP CODE

NATURE OF BUSINESS _____

PARTNERSHIP _____ PROPRIETORSHIP _____ CORPORATION _____ LLC _____

DATE BUSINESS STARTED _____ CONTRACTORS LICENSE # _____ RESELLER PERMIT # _____

REQUESTED CREDIT AMOUNT \$ _____

LIST OF PRINCIPALS OF PARTNERSHIP, PROPRIETORSHIP OR CORPORATION

NAME POSITION HOME PHONE #

NAME POSITION HOME PHONE #

NAME POSITION HOME PHONE #

BONDING COMPANY _____ CONTRACTOR BOND NUMBER _____

INSURANCE AGENT OR BROKER _____

TRADE REFERENCES

NAME ADDRESS CITY STATE ZIP CODE FAX OR EMAIL

NAME ADDRESS CITY STATE ZIP CODE FAX OR EMAIL

NAME ADDRESS CITY STATE ZIP CODE FAX OR EMAIL

NAME ADDRESS CITY STATE ZIP CODE FAX OR EMAIL

