

CATAWBA COUNTY PERMIT CENTER CREDIT APPLICATION

P.O. Box 389, Newton, NC 28658

Phone 828-465-8160, Fax 828-465-8392, Email: cindym@catawbacountync.gov

New Account _____

Recent Paid Permit Number _____

Full License Number (i.e.U-12345) _____

License Holder Name _____

Business / Owner Name _____

Principal Name, if Business _____

*Social Security _____

*Employer Identification Number (EIN) _____

*The Social Security Number of the License Holder and/or Business Owner, or the Corporate EIN if applicable, will be used, in accordance with North Carolina General Statutes §132-1.10 and §105A-3, the Debt Setoff Clearinghouse Program, for the purpose of garnishment should any debt owed to Catawba County become delinquent. The disclosure of the Social Security Number is voluntary.

Authorized Signatures / _____

Print name

Approved Signers

Signature

Print name

Signature

Mailing Address _____

Physical Address (**Required**) _____

E-mail Address _____

Phone Number () _____ Mobile () _____ Fax () _____

Type of Invoicing Preference: (Check One) _____ US Mail _____ Electronic via Email

Email address for Electronic Invoicing: _____

Please notify the Permit Center of any changes in license, business name, address, and phone numbers or authorized signatures within 30 days of billing statement.

Application Completed By _____

Position _____

Signature _____ Date _____

**A bank reference and two (2) credit references are required or application will not be accepted.
Fax numbers are also required.**

BANK REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
***REQUIRED**

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OFFICE USE

NOTES: _____

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CREDIT REFERENCE INFORMATION
(Banks cannot be used as credit references)

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
***REQUIRED**

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OFFICE USE

NOTES: _____

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CREDIT REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____

Phone Number () _____

Fax Number () _____

****REQUIRED****



OFFICE USE

NOTES: _____



Application Received By: _____ Date: _____

Credit reference letter sent on: _____ Re-sent on: _____

Approved or Disapproved: _____ By: _____ Date: _____

If disapproved, Reason: _____

If disapproved, notified applicant in writing on: _____

Attached copy of letter

Account Number Assigned _____ By _____