



**CATAWBA COUNTY
EROSION CONTROL CREDIT APPLICATION**

**P.O. Box 389
Newton, NC 28658
828-465-8161 Office
828-465-8392 Fax**

New Account _____ Account Update _____

Business/ Owner Name _____

**Social Security Number
(REQUIRED)** _____

OR

**Corporate EIN Number
(REQUIRED)** _____

To be used only for purposes of garnishment should your account become delinquent. You have the right not to give your Social Security number but the credit account will not be established without the information.

Authorized Signers Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Mailing Address _____

Physical Address _____

E-mail Address _____

Phone/ Pager/ Mobile _____

Fax Number _____

Please notify the Erosion Control office of any changes in business name, address, phone numbers or authorized signatures within 30 days of billing statement.

Application Completed by _____

Position _____

Signature _____ **Date** _____

For office use only

Account Number Assigned _____ By _____

Returned to the Permit Center _____