

**CATAWBA COUNTY PERMIT CENTER CREDIT APPLICATION**

P.O. Box 389, Newton, NC 28658  
Phone 828-465-8399 Fax 828-465-8375

(Check one) Building Services Account \_\_\_\_\_ Erosion Control Account \_\_\_\_\_

(Check one) New Account \_\_\_\_\_ Account Update \_\_\_\_\_

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 ( ) \_\_\_\_\_

**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\*\***

**OFFICE USE**

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCE INFORMATION**

**(Banks cannot be used as credit references)**

Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
**\*\*REQUIRED\*\***

**OFFICE USE**

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCE INFORMATION**

Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
**\*\*REQUIRED\*\***

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**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 \_\_\_\_\_