

C.H. BROWN CO., LLC

P.O. Box 789 - Wheatland, Wyoming 82201 - Phone: 307-322-2545 - Fax: 307-322-9192

Page 1 of 2

Applicant: _____ DOB: _____ Co.-Applicant: _____ DOB: _____
SSN: _____ SSN: _____

Address: _____
P.O. BOX / STREET CITY STATE ZIP CODE

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EIN _____ Corporation _____ S Corporation _____ DBA _____
General Partnership _____ Limited Partnership _____ Other _____

Equipment Description: _____ New _____ Used _____

Terms Desired: _____

Supplier (If Known): _____

Address: _____
P.O. BOX / STREET CITY STATE ZIP CODE

Contact: _____ Phone: _____ Fax: _____

BANK & TRADE CREDIT REFERENCES:

Name:	Name:	Name:
Address:	Address:	Address:
City / State:	City / State:	City / State:
Phone:	Phone:	Phone:
Contact:	Contact:	Contact:

Name, address, & phone of nearest relative (not living with you): _____

Are you: Married Single Unmarried (Includes Single, Divorced, or Widowed)

EMPLOYMENT

OTHER THAN SELF EMPLOYED

NAME AND ADDRESS OF EMPLOYER IF SELF; WRITE SELF	PHONE NO.	CONTACT PERSON	HOW LONG		ANNUAL INCOME
			YEARS	MONTHS	
TYPE OF WORK YOU DO	HOW LONG		ANNUAL INCOME		
	YEARS	MONTHS	GROSS	NET	
HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD A JUDGMENT FILED AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

INSURANCE CARRIER:

Agent's name: _____ Phone #: _____

Mailing address of insurance carrier: _____

Name of insurance carrier: _____ Phone #: _____

I am applying for individual credit in my own name. I am applying for joint credit with another person.

The undersigned acknowledge(s) that this signed application, submitted for the purpose of obtaining credit from CH Brown Co., is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/We will give prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of this obligation to you. I/We understand that you will retain this application whether or not you approve the credit in connection with which is submitted. You are authorized to check any credit or employment history or any other information herein.

Any willful misrepresentation on this statement could result in a fine and/or imprisonment under provisions of the U.S. criminal code.

Applicant: _____ Co.-Applicant _____

DATE: _____ / _____ / _____ DATE: _____ / _____ / _____

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BALANCE SHEET

Assets (What You Own)	Value	Liabilities (What You Owe)	Monthly Payment	Balance Due
Cash On Hand And In Bank	\$	monthly bills - include credit cards	\$	\$
Vehicles (Current Value) Make Model Year		vehicles (amounts owed)		
	\$			
	\$			
Mobile Equipment (Current Value)	\$	Mobile equipment (list amounts owing)		
	\$			
	\$			
Real Estate (Home, Trailer Home, Land, Etc.) Address City/State	\$	Mortgages On Real Estate (State "No Lien" If No Lien) company city/state acct.#		
	\$			
	\$			
Other Assets (Stocks, Retirement Funds, Etc.)	\$	Other liabilities		
	\$			
	\$			
	\$			
	\$			
	\$			
Total Assets	\$	Total liabilities	\$	

NET WORTH → ← **TOTAL ASSETS MINUS TOTAL LIABILITIES**

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Applicant: _____ **Co.-Applicant** _____

DATE: / / DATE: / /