

C. H. Brown Co., LLC



● P.O. Box 789 ● 20 West Frontage Road ● Wheatland, WY 82201
 ● Phone: 307-322-2545 ● Fax: 307-322-9192 ● email: chbco@chbrownco.com

Credit Application

Completed forms may be mailed, faxed or emailed

APPLICANT INFORMATION

Borrower is (Check One):	Individual	DBA	S-Corp	Partnership	CDL Start:	Owner/Operator Since: /
	Corporation	Proprietorship				

Are you (Check One):	Married	Unmarried (includes Single, Divorced or Widowed)	U.S. Citizen:	Yes	No
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Company Name or DBA:			Year Incorporated:	Business Address:	
Last name:	First:	Middle Initial:	Date of Birth: / /	Social Security Number:	Federal Tax ID:
Address:			Phone Number:	Commercial Driver's License Number / State: /	
City/State/Zip Code:			Work Phone Number:		

Co-Applicant or Co-Owner (if applicable):	City/State:	Phone Number:	Social Security Number:
Date of Birth: / /	U.S. Citizen: Yes No		

Applicant to Operate Vehicle Yes No	New Equipment Purpose? Replacement Expansion	Current Fleet: #of Trucks: #of Trailers:
Materials to be hauled:		

CREDIT REFERENCES

Bank Name:	City:	Acct Number:	Contact:	Phone Number:
Vehicle Finance Reference:	City:	Acct Number:	Contact:	Phone Number:
Vehicle Finance Reference:	City:	Acct Number:	Contact:	Phone Number:

REFERRAL

Who referred you to us (if applicable):

EQUIPMENT

Description:		Price (if known): New:		Used:
Supplier (if known):		Contact Name:		Phone:
Address where equipment will be located when not in use:				

HAULING & WORK SOURCES – LIST ALL

Company Hauling for (Current):	City:	How Long?	Contact:	Phone Number:
Company Hauling for (Previous):	City:	How Long?	Contact:	Phone Number:

PERSONAL INFORMATION

Name of individuals, friends NOT living in your household:		City/State:		Phone Number:	
1.					
2.					
Own Home Outright		Living with Relatives			
Buying a Home		Leasing/Renting		Living There for:	
				years	
				Monthly Payment:	
Been bankrupt in the last three years?		Ever had repossession?		Are any loans/leases past due?	
Yes No		Yes No		Yes No	

I am applying for Individual credit in my own name.

I am apply 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:

Joint Applicant:

DATE: / /

DATE: / /

BALANCE SHEET

Assets	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:

DATE: / /

Joint Applicant:

DATE: / /

**THE USA PATRIOT ACT REQUIRES THAT WE OBTAIN IDENTITY VERIFICATION FROM YOU
BEFORE ESTABLISHING YOUR ACCOUNT.**

MINIMUM INFORMATION REQUIRED:

NAME;

DATE OF BIRTH (FOR INDIVIDUALS);

ADDRESS

FOR INDIVIDUALS

RESIDENCE AND, IF DIFFERENT, MAILING ADDRESS;

FOR PERSONS OTHER THAN INDIVIDUALS (SUCH AS CORPORATIONS,
PARTNERSHIPS AND TRUSTS)

PRINCIPAL PLACE OF BUSINESS AND, IF DIFFERENT, MAILING ADDRESS;

IDENTIFICATION NUMBER

U.S. PERSON

TAXPAYER IDENTIFICATION NUMBER (e.g. SOCIAL SECURITY NUMBER,
INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER OR EMPLOYER
IDENTIFICATION NUMBER);

NON- U.S. PERSON

ONE OR MORE OF THE FOLLOWING: A U.S. TAXPAYER IDENTIFICATION
NUMBER, PASSPORT NUMBER AND COUNTRY OF ISSUANCE; ALIEN
IDENTIFICATION CARD NUMBER; OR NUMBER AND COUNTRY OF
ISSUANCE OF ANY OTHER GOVERNMENT ISSUED DOCUMENT EVIDENCING
NATIONALITY OR RESIDENCE AND BEARING A PHOTOGRAPH OR SIMILAR
SAFEGUARD.

ADDITIONAL INFORMATION

IDENTIFICATION SUCH AS AN UNEXPIRED DRIVER'S LICENSE WITH A PHOTOGRAPH, EXCEPT THAT IF YOU ARE DISABLED, ELDERLY, OR A YOUTH WITHOUT A PHOTO IDENTIFICATION CARD, IDENTITY MAY BE VERIFIED BY A SOCIAL SECURITY, MEDICARE, MEDICAID OR OTHER INSURANCE CARD ALONG WITH A SEPARATE DOCUMENT THAT SHOWS YOUR NAME AND ADDRESS. (EACH JOINT SIGNER ON AN ACCOUNT WILL BE REQUIRED TO PROVIDE THIS INFORMATION WITHIN 30 DAYS. FAILURE TO PROVIDE INFORMATION WITHIN THIS TIME FRAME WILL RESULT IN SIGNATORY REVOCATION ON THE ACCOUNT.)

ENTITIES OTHER THAN INDIVIDUALS WILL BE REQUIRED TO PROVIDE DOCUMENTS SHOWING THE EXISTENCE OF THE ENTITY SUCH AS FINANCIAL STATEMENTS, REGISTERED ARTICLES OF INCORPORATION, PARTNERSHIP AGREEMENTS OR TRUST INSTRUMENTS. (ADDITIONAL "MINIMUM" INFORMATION MAY BE REQUESTED FROM INDIVIDUALS WITH AUTHORITY OR CONTROL OVER SUCH ACCOUNTS AS THE BANK DEEMS NECESSARY.)