



CATAWBA COUNTY PERMIT CENTER CREDIT APPLICATION

P.O. Box 389, Newton, NC 28658

Phone 828-465-8160 | Fax 828-465-8962

Email: cindym@catawbacountync.gov or permitapps@catawbacountync.gov

New Account _____

Recent Paid Permit Number _____

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

License Holder Name _____

Business Name or Owner Name _____

Principal Name, if Business _____

*Social Security _____ or

*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.

License Holder 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 _____

Type of Inspection Notification: Email: _____ and/ or

Text (phone number) _____ phone Service Provider _____

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 _____

Signers other than the license holder are only allowed by written authorization on company letterhead.

**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: _____

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: _____

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 _____