



Manufacturing Rosetta®, Castia Stone™, Greencast™, & Oldstone™ products for the Western USA & Canada

P.O. Box 39353
Lakewood, WA 98496-3353
Credit Application

Office: (253) 830-3366
Fax: (253) 830-5863

This statement is made for the sole purpose of establishing a line of credit with Castohn LLC (formerly Greencast Concrete Products LLC), and the information contained herein is complete, accurate, and truthful.

Business name of Applicant:
Business Street Address: () Corp. -or- () Local Office
Mailing Address: City: Zip: Phone:
Type of business: () Sole Proprietor () Corporation () Partnership () LLC
How long in the business: Number of employees:
Cont. Lic. # Exp. Date:
Sales Tax Resale # (Permit required)
Bonding Co.: Bond#
Business Bank: Branch: Account#
Construction lender: Phone: Contract Have you or any other owner or officer ever done business with Castohn LLC? Y / N

If yes, Under what name?
Within the past 5 years, have you or any other owner or officer declared personal bankruptcy or been an owner or officer in a company which declared bankruptcy or otherwise sought the protection of the bankruptcy code? Y / N The name in which the petition was filed
Does your business have any past due accounts payable, notes, or other indebtedness? Y / N
Does your business have any unpaid taxes, Employment Security or Labor & Industries? Y / N
Does your business have any lawsuits pending or judgments unpaid? Y / N

If you answered yes to any of the above, provide compete listings & information on a separate page or the back of this application.
Financial statement attached () business () personal
Last year for which federal income tax returns were filed: Business / Personal
Owners name, home street address, home phone (list all owners or partners, use additional sheets as necessary).
Name: Address: Phone:
Name: Address: Phone:

CREDIT REFERENCES (TRADE SUPPLIERS)

Prior / other concrete products supplier: Phone:
Name: Phone:
Name: Phone:
Name: Phone:

(If Sole Proprietor or partner) Driver's Lic. # State:
Social Security # - -
Spouse's # - -

Acceptance of personal liability:
Applicant hereby grants permission to Castohn LLC and its assigns ("Castohn") to verify the foregoing credit information about Applicant from the references stated in this Application, and to make all other inquiries deemed necessary or appropriate by Castohn in order for Castohn to make a determination about extending credit to Applicant. Applicant represents and warrants to Castohn that all financial information provided by Applicant, including any financial statement attached hereto, is true and correct as of its date, represents a fair and accurate statement of the financial information stated therein and that there is no material error or omission. Applicant acknowledges that Castohn will rely upon this Application and all financial information concerning Applicant furnished to Castohn in making its credit determinations. Applicant will promptly furnish to Castohn additional information as requested. Applicant acknowledges that all transactions with Castohn are intended to be business transactions. If Applicant shall fail to make any required payment to Castohn when it is due, Applicant shall pay all attorneys' fees and costs incurred by Castohn in pursuing its rights, including in collecting any amount owing to Castohn by Applicant, whether or not a lawsuit is instituted, and including those incurred in any appeal from a judgment in favor of Castohn. Applicant may be responsible for lien filing fees. Applicant shall pay interest on any amount past due to Castohn at the rate of 18% per annum, commencing on the first day after the amount owing has become past due. If any credit reference should or may be verified in a name different from that stated herein above for Applicant, please indicate such name(s) above. The undersigned has personally reviewed the information stated in this Application and in any financial information furnished herewith and the forgoing representations, and believes the same to be true and accurate. In the event that Applicant shall default in its obligations to Castohn, the undersigned agrees that he or she is and shall be personally and individually liable for Applicant's obligations to Castohn, and for any interest thereon, and for all attorneys' fees and collection costs incurred by Castohn in collecting from Applicant or from the undersigned.

Type or Print full & complete name
Signature (personal guarantor's signature requires no title)
If signing as a Corporate Officer, indicate title:
Credit Authorization requested \$

Signature
Date Signed
Granted \$

CASTOHN

true to form

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Mailing Address: _____ City: _____ Zip: _____ Phone: _____

Type of business: () Sole Proprietor () Corporation () Partnership () LLC

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Sales Tax Resale # _____ (Permit required)

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Business Bank: Branch: _____ Account# _____

Construction lender: _____ Phone: _____ Contract _____ Have you or any

other owner or officer ever done business with Castohn LLC? Y / N

If yes, Under what name? _____

Within the past 5 years, have you or any other owner or officer declared *personal* bankruptcy or been an owner or officer in a company which declared bankruptcy or otherwise sought the protection of the bankruptcy code? Y / N The name in which the petition was filed _____

Does your *business* have any past due accounts payable, notes, or other indebtedness? Y / N

Does your *business* have any unpaid taxes, Employment Security or Labor & Industries? Y / N

Does your *business* have any lawsuits pending or judgments unpaid? Y / N

If you answered yes to any of the above, provide compete listings & information on a separate page or the back of this application.

Financial statement attached () business () personal

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Owners name, home street address, home phone (list all owners or partners, use additional sheets as necessary).

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CREDIT REFERENCES (TRADE SUPPLIERS)

Prior / other concrete products supplier: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

(If Sole Proprietor or partner) Driver's Lic. # _____ State: _____

Social Security # _____ - _____ - _____

Spouse's # _____ - _____ - _____

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Type or Print full & complete name

X
Signature (personal guarantor's signature requires no title)
If signing as a Corporate Officer, indicate title: _____

Credit Authorization requested \$ _____

X
Date Signed _____

Granted \$ _____