



CASCADe NATURAL GAS CORPORATION
Commercial Credit Application

CNG 1800 (Rev. 4/11)

Applicants must complete this form in its entirety. Outside income need not be revealed if applicant does not want such income to be considered in determining creditworthiness.

Account #: \_\_\_\_\_
[ ] New Customer [ ] Existing Customer

Please list all known addresses: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_
(List all Trade Names, DBA Divisions or Subsidiaries)

Service Address: \_\_\_\_\_
(Street No., City, State, Zip)

Mailing Address (If different than service address): \_\_\_\_\_
(Street No., City, State, Zip)

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Business Information:

Type of Business: [ ] Retail [ ] Manufacturer [ ] Wholesale [ ] Service [ ] Construction [ ] Other: \_\_\_\_\_

Business Status: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC

Date Business Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

How many years has the Principal been in this line of business: \_\_\_\_\_

Person to Contact Regarding Payment: \_\_\_\_\_ Phone: \_\_\_\_\_

Information on Principals:

- For Proprietorship or Partnership: List all Owners and/or Partners.
- For Corporation or Limited Liability Company: List all Officers, Directors, Members and Majority Stockholders.

REQUIRED Information:

Principal 1: Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_

Principal 2: Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_

Principal 3: Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_

Financial Information:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_
(Street No., City, State, Zip)

Account #: \_\_\_\_\_ Bank Contact: \_\_\_\_\_ Title: \_\_\_\_\_

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Trade References (Name, Contact, Address, Phone #):

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other Information:

Are there any unpaid obligations that are currently delinquent? (including any taxes) \_\_\_\_\_ Is the business a party to any law suit? \_\_\_\_\_

Has the business incurred a loss in the last three years? \_\_\_\_\_ Has the business ever filed for bankruptcy? \_\_\_\_\_ Year \_\_\_\_\_

Is the business currently for sale or are any changes in ownership pending? \_\_\_\_\_

Annual Salaries/Revenue (last full year): \$ \_\_\_\_\_ Total Business Debt: \$ \_\_\_\_\_ Monthly Payment Obligation: \$ \_\_\_\_\_

The undersigned hereby applies for natural gas service and certifies to the best of applicant's knowledge, that all statements in this application are true and correct and applicant is authorized to make such application.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract: because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act).

If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit & Collection Department, PO Box 5603, Bismarck, ND 58506-5603, within 60 days from the date you are notified of our decision.