

5612 Lake Washington Blvd NE, Suite 100 Kirkland, WA 98033 www.capitalresourcegroup.com

## **Builder Information**

Company Information										
Company Name:		Business Phone:								
DBA (Business Name):		Business Fax:								
Business Address:										
City:		State:		_Zip:	County:					
Company TID #:				_Company UBI #:						
Principal's Name:				_Social Sec. #:						
Spouse's Name:				Social Sec. #:						
Home Address:			_City: _	State:	Zip:					
Own Rent	Date of B	irth:		_Home Phone: Cell Phone:						
Contractor's License #:				Exp. Date:						
Insurance Agent Name:				_Phone #:						
Contractor's Bond #:				_Boding Co:						
Business Type:	LLC	Sole Prop.	Corp.	Partnership	Date Formed:					
Stockholder/ Partner Names:			_	Title:	-	Ownership %:				
1			_		-					
2			_		-					
3			_		-					
4					-					
		Experience	& Completed	Projects						
Years in Industry:		_Types of Proj:	Spec.	Custom	Developme	nt				
List construction related	experienc	e and education:								

Completed project descriptions:					Dated Completed:		Sales Price:	
1. Address: Type:	Spec.	Custom	Remodel	Development		Other		
2. Address: Type:	Spec.	Custom	Remodel	Remodel • Development		Other		
3. Address: Type:	Spec.	Custom	Remodel	Development		Other		
4. Address; Type:	Spec.	Custom	Remodel	Development		Other		
		Si	bcontractor and S	upplier Refere	ences			
Subcontract	or:				Phone #:			
Subcontract	or:				_Phone #:			
Subcontract	or:				Phone #:			
Supplier:					Phone #:			
Supplier:					Phone #:			
Supplier:					Phone #:			
			Other Info	rmation				
			k names, finance co			wn cash):		
Name of real estate agent's used:			(	Company Na	ame:		Phone #:	
1								
2								
Describe you	ur marketing	plan and why th	nis project will or	have sold c	over the comp	petition:		
Additional co	omments or p	project informat	ion: _					
I/ We certify that	t the informatior	provided is true a	nd correct and autho	orize CRG to ve	erify information of	lirectly or throug	h a credit agency.	

X

Builder Signature: