

BANK REFERENCE FORM

Customer Name & Address:

Name And Address Of Bank Giving

Reference: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Years Of Experience With Customer: _____

Account Information

Depository Relationship: _____ Credit Facility _____

Estimated Annual

Balance: _____

Current Outstanding

Balance: _____

Current Credit

Amount: _____

Current Credit Amount Past

Due: _____

30 Days Past Due _____ 60-90 Days Past Due _____ 90 Days Past Due _____

Credit Relationship

Poor: _____ Satisfactory: _____ Excellent: _____

Comments: _____

Signature Of Person Giving Reference

Print Name &

Title: _____

Signature: _____ Date: _____

Please complete this Bank Reference on your Bank Letterhead
and reply back to the person requesting the reference at the fax number below:

Bank Name: Fax Number
