



**Banking Information**

Bank Name \_\_\_\_\_ Local Branch \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Line of Credit: \$ \_\_\_\_\_

Choose one: Secured line of Credit: Yes / No Personal Guarantee for line of Credit: Yes / No

**BANK AUTHORIZATION REQUEST**

**Attention:**

The above named account is in the process of establishing credit with our company. They have authorized us to inquire about your experience with them. To help us establish the appropriate credit relationship, we ask that you complete the following information.

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**For Bank Use Only**

Customer Since: \_\_\_\_\_ N.S.F. History \_\_\_\_\_

Average Balance: \_\_\_\_\_ Combined \$ \_\_\_\_\_

Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Line of Credit: Yes / No Secured: Yes / No

Amount: \$ \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

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**Customer Authorization**

I hereby authorize the above listed bank to release any information relating to the above listed accounts.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

All information supplied is for our internal use only and will be kept in strict confidence.

**Please fax back to (818) 553-2702 Attn: Bank Authorizations. Your prompt reply is appreciated.**

If you have any questions please call (818) 553-2700.