

Date _____

To: _____

Re: _____

Credit Department:

The above account has authorized us to contact you for credit information. Your experience with the account will be most appreciated and used in strict confidence for commercial credit purposes only. Please reply to our fax # _____ as soon as possible.

Thank you for your assistance in this matter.

Customer since _____

Checking account: Average Balance _____ If closed when? _____

Number of NSF checks _____ Date of last NSF _____

Number of time OD _____ Date of last OD _____

Savings account: Date opened _____ Average balance _____

Line of Credit: Date opened _____ Current balance _____ Available balance _____

Term notes:

Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____
Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____
Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____
Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____
Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____
Date Opened _____	Current balance _____	Amount past due _____	handled as agree _____

Comments _____

Signature

Title

Print

Date