



DEPOSITOR COMPLETE TOP PORTION

Name and Address of Business Accounts:

Name and Address of Bank:

Attention: Bank Manager

Name and Address of All Accounts:

|

Acct. Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Undersigned hereby authorizes the following Information to be released

X \_\_\_\_\_ Date \_\_\_\_\_

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

1) This customer has been with our bank since \_\_\_\_\_

2) Please complete:

Table with 5 columns: ACCT.. NO, TYPE, AVG. BALANCE (PAST 6 MONTHS), CURRENT BALANCE, ANY OVERDRAFTS? FLOATS? RETURNED CHECKS?

CREDIT ACCOUNTS

- 3) We have granted credit to them since \_\_\_\_\_
4) Current line of Credit extended \_\_\_\_\_
5) Is this secured? \_\_\_\_\_ . If so, by what? \_\_\_\_\_
6) Current balance on the line \_\_\_\_\_
7) Renewal date of the line \_\_\_\_\_
8) Has the line been handled as agreed? \_\_\_\_\_
9) Other loans extended: Current Balance \_\_\_\_\_ . Monthly Payments \_\_\_\_\_
10) Are these secured? \_\_\_\_\_ If so, by what? \_\_\_\_\_
11) Have these been handled as agreed? \_\_\_\_\_
12) Your experience and opinion of this applicants financial responsibility and business reputation: \_\_\_\_\_

Thank you for your cooperation. A prepaid return envelope is enclosed.

AGENCY Name: Bonding Solutions, LLC

BANK OFFICER Name \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_