

BANK / CREDIT REFERENCE FORM

nasbp.org/toolkit

ACCOUNT AUTHORIZATION

By signing the line below, I hereby authorize _____ to release to _____ the information requested and to discuss same with them, said authorization to remain in effect until rescinded.

Signature _____ **Name** _____ **Date** _____

The section below is to be completed by your bank or financing entity.

ACCOUNT INFORMATION

Account Name _____
Address _____
Financial Institution _____
Customer Since _____ Information is current as of _____

CHECKING**SAVINGS**

Current Balance _____
Average Balance (Last 12 Months) _____

LINES OF CREDIT INFORMATION

Line of Credit	WORKING CAPITAL	EQUIPMENT
Total Approved Credit	_____	_____
Amount Currently Borrowed	_____	_____
Maximum Borrowed (Last 12 months)	_____	_____
Minimum Borrowed (Last 12 months)	_____	_____
Expiration Date	_____	_____
In compliance with all covenants?	Yes No	Yes No

GENERAL INFORMATION

Comments _____

COMPLETED BY

Name/Title _____
Branch _____
Phone _____ E-mail _____

Signature _____ **Name** _____ **Date** _____

