

**STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS**

Residential Contractors Division
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404-424-9966 ▪ Trades4@sos.ga.gov
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BANK CREDIT REFERENCE FORM**TO BE COMPLETED BY APPLICANT**

Customer Name:			
Note: If you have applied for an individual license, the customer and account information must be in the individual applicant's name. If you have applied for a qualifying agent license, the customer and account information must be in the business organization's name.			
Address:		City, State, and Zip Code:	
Account Number(s):			

I hereby authorize the below referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

Signature of Customer

Date

TO BE COMPLETED BY BANK REPRESENTATIVE AND RETURNED DIRECTLY TO APPLICANT

Bank Name:		Phone Number:	
Address:		City, State, and Zip Code:	
Name of Bank Representative:		Title:	

1. What date was the above referenced account opened? _____
2. What number of bank overdrafts have occurred in the last 12 months? _____
3. Has the above referenced customer handled their checking account in a satisfactory manner? ☐ YES ☐ NO
If NO, please explain. _____
4. Does this customer have any loans? ☐ YES ☐ NO
5. Have any loan payments been delinquent? ☐ YES ☐ NO
If YES, how many payments were delinquent over **30 days** _____ **60 days** _____ **90 days** _____?
What was the date of the last delinquent payment? _____

Signature of Bank Representative

Date