

First Service Insurance Agents & Brokers, Inc.

Phone: 800.591.9692 Fax: 800.591.1845 LIC #0C13473

Bank Verification

(To be completed by bank or savings & loan)

Please complete a separate form for each account

Re: Account Holder _____

Account Number _____

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? _____

2. The average balance is \$ _____ for the period of _____ months.

3. Has a line of credit been established? _____

If so, what amount? \$ _____ It is secured by _____

The renewal date is _____

4. What is your opinion of the applicant's character, ability and financial responsibility?

Name of Bank _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Information has been provided by _____

Signature

Date _____

Printed Name