



Made in the **U.S.A.**1620 32nd St.
Springfield, OR 97478
(800) 547-4711
FAX (541) 744-1173
Phone (541) 744-0630

Bank Credit Information Request

Please provide your bank's credit information for the account listed below. This information is requested for use toward the extension of credit for business purposes only and will be held in strict confidence.

Account:	Name:		
	Street Address:		PO Box:
	City:	State:	Zip:
	Phone:	Fax:	
Depositor	y Accounts:		
•	Date Opened://	If closed, v	when?/
	Average Balance: \$		
	Aggregate Balances used? \$		
	Experience and comments:		
Loan Acc	ommodations:		
	Describe, including length of borrowing accommodations (line of credit, term looutstanding, amount past due (if any), or a superior of the control of the co	oan, mortgage, i	nstallment, etc.), amount
	Signature of Banker	//	
	Banker's Title	-	