



# officemaster

## Credit Information Request Form – Bank

To: \_\_\_\_\_ Bank Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

RE: _____	Co. Name _____
Contact _____	Acct. # _____
Address _____	
City _____	ST _____ Zip _____

We, \_\_\_\_\_ (Co. Name) hereby authorize the above bank releasing information below to Office Master, Inc. Thank you for your cooperation and prompt response.

\_\_\_\_\_  
 Signature & Title of the Contact \_\_\_\_\_ Date \_\_\_\_\_

<p>Deposit -</p> <p>Acct. Open _____</p> <p>Acct. Type _____</p> <p>Balance \$ _____</p> <p>Rtn. Checks _____</p>	<p>Loans –</p> <p>Dated _____</p> <p>Amount \$ _____</p> <p>Owing \$ _____</p> <p>Pay Performance _____</p> <p>Type _____</p> <p>Security _____</p>
<p>Relationship with Bank:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>	<p><b>Your Comments:</b> _____</p>

If no business experience within the last 12-month, please check here:

**Please complete this form and fax it back to 408.253.6062. Thank you!**

