|  |  |
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|  | 2361 Highway 36 West**BANK / CREDIT REFERENCE FORM**nasbp.org/toolkitSt Paul MN 55113Phone: (651) 342-1480Fax (651) 342-1763 |

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|  |
|  By signing the line below, I hereby authorize |       | to release to |
| Newton Bonding | 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|  to remain in effect until rescinded.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.* |
|  |
| 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 |       |
|  |
|  |  |  |
|  |  |  |