|  |  |
| --- | --- |
|  | 2361 Highway 36 West  **BANK / CREDIT REFERENCE FORM** nasbp.org/toolkit  St Paul MN 55113  Phone: (651) 342-1480  Fax (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| to remain in effect until rescinded. | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| 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 | |  | |
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