



BANK REFERENCE FORM

****Customer: Please complete the upper portion with authorized signature and return with your credit application****

Bank Name _____	Phone Number _____
Street Address _____	Fax Number _____
City, State, Zip Code _____	Contact Name _____
Account No. _____	Email Address _____
Customer Name _____	Street Address _____
Phone Number _____	City, State, Zip Code _____

Private Label PC is considering/reviewing the extension of credit. By signing below, we, as Customer, hereby request and authorize the completion of this form by the Bank. The completed form should be returned directly to Private Label PC.

_____ ****Customer Authorized Signature****

To Be Completed by the Bank

DEPOSIT ACCOUNTS

Type Of Account (Checking, Savings, Other)	Date Opened	Average Balance (Past 12 Months)	Current Balance	Non-Sufficient Fund (NSF) Activity (Yes/No) If Yes, How Often In The Past 12 Months

CREDIT/LOAN ACCOUNTS

Type Of Account (Operating Line Of Credit, Term Loan, Other)	Date Opened	Maturity/ Renewal Date	Original Loan Amount Or	Current Outstanding Balance	Payment Frequency & Amount

Have the above accounts been handled as agreed? Yes No If no, please explain:

What is your opinion of the contractor's character, ability and financial responsibility?

_____ ****Bank Contact Signature****

_____ Name & Title:

_____ Date: