



3131 Greenhead Drive
Springfield, IL 62711
Phone: (217) 391-5252
Fax: (217) 391-8742

Bank Reference

Contractor: _____

Bank: _____

Phone: _____

Contact Name, Position: _____

How long has the client been banking with you? _____

How many accounts does the client have at the bank? _____

What is the total cash balance for this client with your bank? _____

Has the client ever operated in an overdraft position? **Y** **N**

What debt is currently outstanding? (Please list)

Type of Debt	Original Balance	Current Balance	Monthly Payment	Security Description	Handled as Agreed?

Is there a Line of Credit in Place?

How much? _____

How is it secured? _____

Current balance? _____

Renewal Date? _____

How would you classify this relationship? _____

Is there any additional information you would like to add? _____

Additional Notes/Comments _____

Signed _____ Date _____