

**THE  
BOND EXCHANGE**  
AND INSURANCE AGENCY

**Bank Reference Letter**

Please complete the top portion of this verification and forward it to your bank for execution. Once completed, please forward a copy to The Bond Exchange via fax – (949) 461-7725.

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_  
Street City State Zip

Name of Banking Facility: \_\_\_\_\_

Address of Bank: \_\_\_\_\_  
Street City State Zip

Name of Bank Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Account Numbers: \_\_\_\_\_  
 \_\_\_\_\_

**For Bank Completion** -The confidentiality of this information will be preserved except where disclosure of this information is required by applicable law. We will not hold you or any staff member responsible for the accuracy of this report.

DEPOSITORY ACCOUNTS: This customer has been with our bank since: \_\_\_\_\_

Account No.	Type	Average Balance (Past 6 Months)	Current Balance	Any Overdrafts? Returned Checks? Floats?

CREDIT ACCOUNTS:

We have granted credit to this customer since: \_\_\_\_\_ (year) Current bank line of credit amount: \$ \_\_\_\_\_

Is this bank line secured?      Yes      No      If so, by what means: \_\_\_\_\_

What is the current balance against the line: \$ \_\_\_\_\_ Renewal date of this line is: \_\_\_\_\_

Have you granted any additional lines to this customer:      Yes      No

If so, current amount of line(s): \_\_\_\_\_ Current balance against line(s): \_\_\_\_\_

Are these secured?      Yes      No      If so, by what means: \_\_\_\_\_

Please provide your overall opinion of this customer overall financial responsibility: \_\_\_\_\_

Company Signature \_\_\_\_\_ Bank Signature \_\_\_\_\_

Print Name & Title \_\_\_\_\_ Print Name & Title \_\_\_\_\_