

DEPOSITOR COMPLETE THE TOP PORTION

Name and Address of Business Accounts:

Name and Address of Bank:

Acct. Numbers _____

Attention: _____

Name and Address of Personal Accounts:

Acct. Numbers _____

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED:	
X _____	_____
Signature	Date

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following:

<p>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.</p>
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DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since _____
- 2) Please complete:

ACCT NO.	TYPE	AVG. BALANCE (PAST 6 MONTHS)	CURRENT BALANCE	ANY OVERDRAFTS? FLOATS? RETURNED CHECKS?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT ACCOUNTS

- 3) We have granted credit to them since: _____
- 4) Current line of Credit extended: _____
- 5) Is this secured? _____ If so, by what? _____
- 6) Current balance outstanding on the line: _____
- 7) Renewal date of the line: _____
- 8) Has the line been handled as agreed? _____
- 9) Other loans extended: Current balance: _____ Monthly Payments: _____
- 10) Are these secured? _____ If so, by what? _____
- 11) Have these been handled as agreed? _____
- 12) Your experience and opinion of this applicant's financial responsibility and business reputation: _____

Thank you for your cooperation.

	AGENCY
Name	Minard-Ames Insurance Group
Address	4646 E. Van Buren #200
	Phoenix, AZ 85008
Phone	602-273-1625/ FAX: 602-273-0212
Signature	X
Date	_____

	BANK OFFICER
Name	_____
Phone	_____
Signature	X
Date	_____