

CONTRACTORS BEST INSURANCE SERVICES INC.

Business Bank Reference

Date ____/____/____

(Bank Name)

(Bank Address)

Phone #: (____) ____ - ____ Fax #: (____) ____ - ____

Depositor: _____

Account #'s: (1) _____ (2) _____ (3) _____

TO BE FILLED OUT AND SIGNED BY A BANK REPRESENTATIVE

TO BANK REPRESENTATIVE:

The above depositor has given your name as his banking reference in regard to his bonding application. In addition to the following information, any comments would be most helpful in determination of his bonding eligibility. Please use actual dollar amount.

1. Length of time with bank: _____
2. Total Current Cash Balance: \$ _____
3. Total average account balance for the past six (6) months: _____
4. Exact amount and terms of existing loans (if any): _____
5. Amount of established line of credit (if any): _____
6. Amount of Line of credit used (if any): _____
7. How is the Line of credit secured?: _____
8. Line of credit date of expiration: _____
9. Loans? _____
10. High: _____
11. How handles: _____

Comments

By: _____ Date: _____

Title: _____

Thank you for taking the time to complete this information.
You can be assured any information given to our company will be held in
the strictest confidence.

20335 VENTURA BLVD., STE 426A, WOODLAND HILLS, CA 91364
PHONE: 818-348-4900 FAX: 866-309-9237