7255 W. 98th Terrace, Suite 170 Overland Park, KS 66212-2200 913-385-7760 866-385-7760 Fax 913-937-9486



BANK REFERENCE

Bank name:			Date:		
Address			Phone Number		
City			State	Zip Code	
Re:					
	Accoun	t Holder:			
	Rusines	t Number(s):s Name:			
		TO BE FILLED OUT AND SIGNED OUT and signed outractor has given your name as his banking referenced in			
In ad	ldition to	o the following information, any comments would be mo	st helpful in th	e determination of his bonding eligibility.	
1.	Ho	w long has bank known applicant:			
2.	Ave	erage account balance for the last six (6) months:			
3.	Exa	act amounts and terms of existing loans (if any):			
4.	Amount of established line of credit		secured:		
			unsecured:		
5.	lf lii	ne of credit is secured - how secured:			
6.	Am	ount of line of credit in use:			
7.	Wh	at money is available for future working capital needs:			
Com	ments:				
	Date: _				
			Sig	gnature of bank representative	
				Title of bank representative	
	You	You are hereby authorized to release the above requested information to Surety Support Services, Inc.			
	Date:				
	-			Signature of account holder	