



pacific data forms, inc.

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PacificDataForms.com

BANK INQUIRY AUTHORIZATION

Distributor / Customer Name & Address

Date: _____

Please supply the information below so that we can fully evaluate your credit application.

Bank Name & Address:

Branch: _____
Phone: () _____
Contact Name: _____

• CHECKING & SAVINGS:

Type of Account

Account Number

Checking Savings

Checking Savings

Other _____

• LOANS:

Type: _____ Original Amount \$ _____

Type: _____ Original Amount \$ _____

AUTHORIZATION TO RELEASE INFORMATION:

I/we hereby authorize the above named bank to release information regarding the above account(s) to **Pacific Data Forms, Inc.**

Signature: **X** _____ Date: _____

Name (please print) _____