

2630 East 28th Street • Long Beach, CA 90755 562/426-6978 • 800/352-7522 • Fax: 562/490-0121 PacificDataForms.com

BANK INQUIRY AUTHORIZATION

Distributor / Customer Name & Address	Date:
Places cumply the information below	so that we can fully evaluate your credit application.
	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 INFO I/we hereby authorize the above named account(s) to Pacific Data Forms, Inc.	RMATION: I bank to release information regarding the above
Signature: X	Date:
Name (please print)	