

Fax-Back Financial Institution Reference Letter

I AUTHORIZE THIS INFORMATION TO BE RELEASED TO
GOLDLEAF SURETY SERVICES, LLC

X _____

Customer Name _____

Address _____

Name of Financial Institution _____

Address _____

1. Deposit Accounts, Cash and Cash Equivalents (Last 3 Months)

Account Type	Open Date	Avg. Balance (Last Year)	Avg. Balance (Last 3 Mos.)	Current Balance

2. Loans/Lines of Credit (All Current Accounts)

Loan Type	Max. Available or Total Advanced	Current Balance Owed	Current Balance Available (if any)	Interest Rate	Expiration or Maturity Date	Collateral/Security

3. General History

Known Since _____

Bank handles Personal Lines, as well..... YES NO

Bank handles other Business Lines, as well..... YES NO

Account is in compliance with all of its bank covenants..... YES NO

Financial Information is Supplied to the Bank..... Always on Time & Complete
 Sometimes Late or Incomplete
 Frequently Late or Incomplete

Obligations to the Bank are Repaid..... Always on Time
 Sometimes Late
 Frequently Late

Any history of payment default and/or repossession or foreclosure of collateral? YES NO

Any history of checks written with insufficient funds? YES NO

If yes to either of the two previous questions, please explain _____

4. Management's Opinion of This Account _____

Institution Officer, please sign here X _____ **Date** _____

Please print your name & title _____ **Phone** _____

**TO THE FINANCIAL INSTITUTION: PLEASE COMPLETE THIS FORM, DATE AND SIGN IT, AND RETURN IT TO GOLDLEAF
VIA FAX: (320) 269-3154
OR
VIA EMAIL: goldleaf@goldleafsurety.com**