

# LEAVITT Communications

## BANK AUTHORIZATION

Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Customer Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account No.: \_\_\_\_\_

Attention:

The above named account is in the process of establishing credit with our company. They have authorized us to inquire about your experience with them. To help us establish the appropriate credit relationship, we ask that you complete the following information.

For Bank Use Only

Customer Since: \_\_\_\_\_ Average Balance: \_\_\_\_\_

SAVINGS

CHECKING

COMBINED ACCOUNTS

N.S.F. History \_\_\_\_\_  None

Line of Credit:  Yes  No Amount: \_\_\_\_\_

Secured:  Yes  No Current Balance: \_\_\_\_\_

### Customer Authorization

**I hereby authorize the above listed reference to release any information relating to the above listed accounts.**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

All information supplied is for our internal use only and will be kept in strict confidence. Your prompt reply is appreciated. For your convenience enclosed is a self-addressed postage paid envelope or please fax to 270-447-1909.

Sincerely,

Phillip Leavitt  
President