



Western National Insurance Group
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By signing the line below, I hereby authorize _____ to release to _____ the information requested and to discuss same with them, said to remain in effect until rescinded.

Signature **Name** **Date**

The section below is completed by your bank

ACCOUNT INFORMATION

Account Name:

Address:

Financial Institution:

Customer Since:

Information is current as of:

	Checking	Savings
Current Balance:	\$	\$
Average Balance: <i>(last 12 months)</i>	\$	\$

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$	\$
Amount Currently Borrowed:	\$	\$
Maximum Borrowed: <i>(last 12 months)</i>	\$	\$
Minimum Borrowed: <i>(last 12 months)</i>	\$	\$
Expiration Date:		
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Comments:

COMPLETED BY

Name: _____ Title: _____
 Branch: _____ Phone: _____
 E-mail: _____

Signature **Name** **Date**