

A-1 Block Corporation
BANKING INFORMATION REQUEST
For Questions; Email: AR@A1BLOCK.COM

Please Have Your Bank Complete this Page and Return to A-1 Block Corporation Via Email to: AR@A1BLOCK.COM

Customer Complete This Section

Firm/Customer Name

Signature of Owner, Partner, Principal or Officer

Print Name of Owner, Partner, Principal or Officer

Bank Complete This Section

Bank Representative: _____

1. _____
Name of Institution Street City State Zip

Telephone: _____ Fax: _____ Email: _____

Date Checking Account Opened: _____ Three Month Average Balance: \$ _____

Any Returned checks (NSF) in the Last 12 Months: Yes No If yes, How Many _____

Date Savings Account Opened: _____ Three Month Average Balance: \$ _____

Loan(s): Number of Loans: _____ Experience Since Opened: _____

Highest Loan Amount \$ _____ Last Open: _____

Security: _____ Personal Guaranty: Yes No

Banking Signature or Bank Stamp: _____

Banking Direct Email: _____