



# Bank Credit Inquiry Form

To be completed and signed by customer

46221 Landing Parkway, Fremont, CA 94538  
AR@exxactcorp.com | sales@exxactcorp.com

## Company Information

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## Customer's Bank Information

Attn \_\_\_\_\_ Bank Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_

Line of Credit \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

The undersigned certifies that the above information provided for credit purposes is both true and correct and authorizes all parties contacted to release all credit and financial information requested, including all banking records.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Email\* \_\_\_\_\_

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

\*Signer email must be the email of the authorized signer. Authorization cannot be delegated to another party.  
\*\*Signer information must match the financial institution's information on file for the client.

**FOR BANK USE ONLY** | Attention Bank Officers, please provide the following information and respond by fax **510.226.7367** or email **AR@exxactcorp.com**.

## Account Information

	Checking	Savings	Other
Account No.	_____	_____	_____
Open Date	_____	_____	_____
Avg. Balance	_____	_____	_____
Current Balance	_____	_____	_____
No. of NSF's	_____	_____	_____
Account Rating	_____	_____	_____

## Line of Credit

Open Date \_\_\_\_\_ Secured  Yes  No \_\_\_\_\_ Credit Limit \_\_\_\_\_

Maturity Date \_\_\_\_\_ Current Balance \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_