



Western National Insurance Group  
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 W www.wnins.com

BANK / CREDIT REFERENCE FORM  
 nasbp.org/toolkit

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to release to \_\_\_\_\_ the information requested and to discuss same with them, said to remain in effect until rescinded.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: (last 12 months)	\$	\$

**LINES OF CREDIT INFORMATION**

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$	\$
Amount Currently Borrowed:	\$	\$
Maximum Borrowed: (last 12 months)	\$	\$
Minimum Borrowed: (last 12 months)	\$	\$
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