

REQUEST FOR BANK INFORMATION

This section to be filled out by Applying Client. Upon completion, please forward to proper Bank Representative for account information

Requesting Information For:		
Company Name		
Company Representative		
Address		
City, State, Zip		
Bank Name		
Account Number(s)		
Signature	Title	
	d bank to release all relevant bank inform DELGADO, INC.	nation regarding the account(s) listed above to R. E.
his section to be filled out by Bank Rep	resentative. Upon completion, ple	ease forward to R. E. DELGADO, INC.
Bank Name	Bank Phone	
Account Number(s)		
Date Account(s) Opened		
Average Daily Balance		
NSF Activity Yes No		
Additional Comments:		
Signature - Bank Representative	Title	Date
	information is current and represented ac C. and used to evaluate and establish cre	occurately. This information will be verified by R. E.

BANK REPRESENTATIVE PLEASE FAX THE COMPLETED FORM BACK TO R. E. DELGADO, INC.