

FINANCIAL INSTITUTION REFERENCE

FULL LEGAL NAME OF COMPANY: _____

CONTACT NAME: _____ E-MAIL: _____

CONTACT TITLE: _____ TEL: _____

Company listed above authorizes financial institution to release the information requested below to Atlas Building Company. Please return the completed form to accounting@atlasbuilds.com at your earliest convenience.

Name & Title of person authorized to request reference on behalf of Company

Signature

Date

Section below to be completed by financial institution representative

Name of financial institution: _____

Deposit Accounts

Type of account(s): _____

Date(s) opened: _____

Average balance last 12 months: _____

Line of credit

Line of credit (Y/N): _____

Date established: _____

Limit: _____

Available: _____

Outstanding loans:

	Loan Type	Secured	Origination Date	Maturity Date	Paid as Agreed	Balance
Loan 1						
Loan 2						
Loan 3						
Loan 4						
Loan 5						

Name & Title Person Providing Information

Signature

Date