



# RETAIL NETWORK INC.

1019 Naughton St., Troy Michigan 48083

(800) 533-3412 • Fax: (248) 743-9620 • Local (248) 743-1000

## **BANK AUTHORIZATION FORM**

I hereby authorize Retail Network to obtain a Bank Reference on my account.

Customer Account Name: \_\_\_\_\_

Customer Checking Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Officer Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank Fax Number: \_\_\_\_\_

Authorized Customer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **BANK USE ONLY**

Please provide us with the following information regarding the above mentioned account.

1. Year when account was opened: \_\_\_\_\_

2. Are they a regular active account? \_\_\_\_\_

3. What is their daily average balance?

4. Would you say this account is an above average account? \_\_\_\_\_

An acceptable account? \_\_\_\_\_

An unacceptable account? \_\_\_\_\_

Any important comments you feel are necessary to notate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_