

BANK REFERENCE FORM

	**	Contra	ctor: Pi	lease sign beld	ow a	nd forward to y	our bank i	for comple	tion**	
Bank Name						Contracto	Contractor Name			
Street Address City, State, Zip Code Phone Number						– Street Ad	Street Address City, State, Zip Code			
						Phone Number				
Holmes Murphy & Associates, Inc., request and authorize the completion								olmes Murphy		
DEPOSIT ACCOUNTS								**Contra	ctor Authorized Signature**	
Type Of Account	Da	Date Average Balance				Non-Sufficient Fund (NSF) Activity (Yes/N				
(Checking, Savings, Other) Ope				st 12 Months)		Current Balance		If Yes, How Often In The Past 12 Months		
CREDIT/LOAN ACCOUNTS										
Type Of Account (Operating Line Of Credit, Term Loan, Other)		Date Opened		Maturity/ Renewal Date		Original Loan Amount Or dit Line Amount	Current Outstanding Balance		Payment Frequency & Amount	
Have the above accounts been	handled	d as agr	eed? Y	es 🗌 No 🗍	If n	o, please explain	:			
What is your opinion of the con	tractor	s chara	cter, abi	lity and financia	al res	ponsibility?				
Additional comments or remark	s?									
									_	
Date:					В	y:	**	Dank Care	act Signature**	
					Ν	lame & Title:				