

Bank Reference Form

CONTRACTOR COMPLETE TOP PORTION ONLY. PLEASE SIGN BY "X" AND SEND TO YOUR BANK.

Name & Address of Business Accounts:

 Acct Numbers _____

Name & Address of Bank:

 Attention: _____

Name & Address of Personal Accounts:

 Acct Numbers _____

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO SURETY AND/OR PCL CONTRACT BONDING AGENCY.

X _____
 Signature Date

BANK COMPLETE BOTTOM PORTION.

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since _____.
- 2) Please complete:

| ACCT. NO. | TYPE | AVE. BALANCE (PAST 6 MONTHS) | CURRENT BALANCE | ANY OVERDRAFTS, FLOATS, RET'D CHECKS? |
|-----------|-------|---------------------------------|--------------------|------------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

CREDIT ACCOUNTS

- 3) We have granted credit to them since _____
- 4) Total amount of REVOLVING line of credit extended _____
- 5) Is this line secured? _____ If so, by what? _____
- 6) Current balance on the line _____
- 7) Renewal date of the line _____
- 8) Has the line been handled as agreed? _____
- 9) Other loans extended: Current balance _____ Monthly payments _____
- 10) Are these secured? _____ If so, by what? _____
- 11) Have these been handled as agreed? _____
- 12) Your experience and opinion of this applicant's financial responsibility and business reputation:

Thank you for your cooperation.

Mail completed form to:
PCL CONTRACT BONDING AGENCY
 3010 LBJ Freeway, Suite 920 Dallas, TX 75234-2750
 (972) 459-4749 fax (972) 459-4535

BANK OFFICER
 Name _____
 Phone _____
 Signature X _____ Date _____