

Bank Credit Reference Form

To be completed by the Customer

Date: _____

To: _____ Tel: _____

Bank: _____ Fax: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Dear Bank Officer,
 We are authorizing the bank to release information about our accounts, outstanding credit line, and payment history to LEADER OFFICE SOLUTIONS to be used solely to establish an account, a credit line, and payment terms. This information is to be kept strictly confidential.

Account Name: _____

Checking Acct #: _____

Saving Acct #: _____

Authorized By: _____

Signature:		Date:	
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Please return a copy of this completed form by Mail, Fax, or Email to:



2399 Miquel Miranda Ave,
 Irwindale, CA 91010
 Phone: 626-303-8888
 Fax: 626-303-8898
 Email: accounting@leader-os.com

To be completed by the Bank

Dear Sir / Madam,
 The above customer has given its bank name as a Credit Reference. We would appreciate it if you would provide the credit information for us by filling in the portion below. Please be rest assured that all information provided will be kept strictly confidential. Should you have any questions, please call us at 626- 303-8888 and ask for our Accounting Department. Thank you for your help and prompt attention to this request.

Sincerely,

Accounting Department
 Leader Office Solutions

Account Since: _____	Loan Relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance: _____	Line of Credit: _____
Average Balance: _____	Open Date: _____
N.S.F. Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? _____	Outstanding Balance: _____
Overall Credit Rating: _____	
Remarks / Comments: _____	

Completed By:	Date:
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