Bank Credit Reference Form

To:		Tel:		
Bank:		Fax:		
Address:		Email:		
City:		State:	Zip:	
	nk to release information abo ONS to be used solely to estal trictly confidential.	blish an account, a credit	line, and payment terms. T	his
Account Name:			Irn a copy of this il, Fax, or Email to:	complet
Checking Acct #:				(0)
Saving Acct #:		- I	eade	r
		- -	Office Solution 2399 Miquel Miranda Ave,	
Authorized By:			Irwindale, CA 91010	
		_ 	Phone: 626-303-8888 Fax: 626-303-8898	
Signature:	Date:	Ema	il: accounting@leader-os.	<u>com</u>
l				
	To be co	ompleted by the Bank		
credit information for us b kept strictly confidential.	iven its bank name as a Cred by filling in the portion below. Should you have any questio or your help and prompt atte	. Please be rest assured thns, please call us at 626-3	nat all information provided	will be
Leader Office Solutions				
		Loan Relati	onship? Yes No	
		Loan Relati Line of Cred		
Account Since:			dit:	
Account Since: Current Balance: Average Balance:		Line of Cred	dit:	
Account Since: Current Balance: Average Balance:	No	Line of Cred Open Date: Secured?	dit:	
Account Since: Current Balance: Average Balance: N.S.F. Checks? Yes If yes, how many?	No	Line of Cred Open Date: Secured? Outstandin	g Balance:	