

FileSource®

Specialty Filing & Indexing Products



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(877) 345-3100 • Fax (714) 921-1472

info@filesorce.com

Date: _____

To Bank: _____

Account No. _____ Account No. _____

Loan No. _____ Loan No. _____

To Whom It May Concern:

We authorize you to furnish FileSource, Inc. any information requested on our accounts or loans.

Sincerely,

Authorization Signature

Title

Company Name: _____

For Bank Use:

Checking Account – Opening date _____

Average balance _____ Present balance _____ Returns/overdrafts _____

Savings Account – Opening date _____

Present balance _____

Credit Lines – Opening date _____

Secured Unsecured Total Line _____ Outstanding balance _____

Installment Loans – Opening date _____

Secured Unsecured No Experience Original balance _____

Current balance _____ Maturity date _____

Commercial Loans – Opening date _____

Secured Unsecured No Experience Original balance _____

Current balance _____ Maturity date _____

Completed by _____ Expiration date _____