

Lease One

SYSTEMS

http://www.lease-one.com

7305 Manchester Road, Suite C-1
St. Louis, MO 63143-3109
TEL. (314) 645-4440
FAX (314) 645-2663

BANK CREDIT REFERENCE REQUEST

TO: _____ Re: _____
Bank Officer / Credit Department Manager Lessee

Name of Bank Business Name

City State Zip City State Zip

Phone Fax Phone Fax

To whom it may concern:

We are considering an extension of credit to the above and your name has been given as a credit reference. We would appreciate any information you can provide regarding your credit experience with the subject. Your reply will be treated in confidence.

Thank you.

To be completed by bank officer:

CHECKING Acct. No. _____ Exact name shown on account _____

Date Opened _____ Average Balance \$ _____

of NSF Checks _____ Current Balance \$ _____
(within last six months)

If this is a personal account, is it used for business purposes? ___ Y ___ N

LOANS Acct. No. _____ Exact name shown on account _____

Experience Since _____ Present Balance Secured \$ _____

High Credit Secured \$ _____ Present Balance Unsecured \$ _____

Paid as agreed? ___ Y ___ N

Officer's signature

I authorize the subject bank to release the above requested information to Lease One Systems or its assigns. I request this reference be given in the fastest manner possible, preferably by phone or fax, in accordance with bank policy.

Date

Customer Signature