

## REQUEST FOR BANK REFERENCE

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Bank Name

Bank Phone Number

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Bank Address

Bank Fax Number

In connection with an application to do business with ACUTRAQ, a consumer reporting agency, \_\_\_\_\_ requests your assistance in completing the following information.  
Applicant's Business Name

Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

Routing #: \_\_\_\_\_

I authorize the above bank to release the information that we have requested below.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

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**TO BE COMPLETED BY THE BANK**

**Please provide the following information:**

1) Type of Account: \_\_\_\_\_

2) Date Account Opened: \_\_\_\_\_

3) Name & Address on Account: \_\_\_\_\_

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Name and Title of Authorized Bank Personnel

Please fax your response at your earliest convenience to:

ACUTRAQ  
PO Box 766 Elkins, AR 72727  
Phone: 479-439-9174 Fax: 479-439-9156  
Email: [info@acutraq.com](mailto:info@acutraq.com) Web: [www.acutraq.com](http://www.acutraq.com)