

6 Ranger Drive | PO Box 190 Kittery, Maine 03904 Phone: 207-439-9300 Fax: 207-439-9305

DATE:							
BANK NAME:							
RE: CREDIT REFERENCE							
TO WHOM IT MAY CONCERN:							
In order to	expedite a	reliable and efficient re	lationship bet	ween ourselves	and our custome	rs, we wish to request	
information concerning:							
1.	1 How long have you done business with this customer?						
2	Average bank balance (How many digits)						
3.	Customer:	☐ FREQUENTLY	☐ SELD	OM 🔲 N	EVER has chec	ks returned (check one).	
4.	Suggested Credit Limit:						
5.	Customer	is considered as a:	☐ POOR	☐ GOOD	☐ EXCELLENT	credit risk (check one).	
BANK REP	RESENTAT	IVE'S SIGNATURE					
Thank you for your cooperation. Please contact us with any questions you may have. We, along with your customer appreciate your assistance.							
Please rep	oly to:						
		Office Manager Assistant Office Manage	<u>3</u> F				
I hereby g	ive my aut	SIGNED:				ion as requested above:	
		BUSINESS NAME:					