



Merchants Bonding Company

PLEASE RETURN TO ADDRESS CHECKED BELOW:

HOME OFFICE
2100 FLEUR DRIVE
DES MOINES, IOWA 50321-1158
(515) 243-8171
FAX (515) 243-0344

AUSTIN OFFICE
P. O. BOX 26720
AUSTIN, TEXAS 78755
(512) 343-9033
FAX (512) 343-8363

BANK INQUIRY FORM

Date _____

Agency Code _____

Bond No. _____
(if assigned)

APPLICANT TO COMPLETE TOP PORTION

Name and Address of Bank:

Name and Address of Business Accounts:

Attention: _____

Acct. Numbers _____

Name and Address of Personal Accounts:

Acct. Numbers _____

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO MERCHANTS BONDING COMPANY (MUTUAL).

X _____
(Signature) (Date)

BANK TO COMPLETE BOTTOM PORTION

The above-referenced Applicant has applied to Merchants Bonding Company (Mutual) for bonds and has provided your bank as a reference. Please provide the following information:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW.

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since _____
- 2) Please complete:

ACCT. NO	TYPE	AVG. BALANCE (PAST 6 MONTHS)	CURRENT BALANCE	ANY OVERDRAFTS? FLOATS? RETURNED CHECKS?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT ACCOUNTS

- 3) We have granted credit to the applicant since _____
- 4) Current line of credit extended _____
- 5) Is this line secured? _____ Type of security? _____
- 6) Current balance on the line of credit _____
- 7) Renewal date of the line of credit _____
- 8) Has the line of credit been handled as agreed? _____
- 9) Other loans extended: Current balance _____ Monthly payments _____
- 10) Are these loans secured? _____ Type of security? _____
- 11) Have these loans been handled as agreed? _____
- 12) What is your experience and opinion of this applicant's financial responsibility and business reputation?

Thank you for your cooperation.
MERCHANTS BONDING COMPANY (MUTUAL)

BANK OFFICER

Name _____

Phone _____

Signature X _____

Date _____