GIRARD GLASS CORPORATION Request For Bank Credit Information

		Re:	Company
To:	(Bank Name)		Street Address
	(Address)		
	(City,State,Zi	D	City/State/Zip
	(_	Bank Account Number
bank as a reference. I supply the information We are in the process our experience include	This is a new account for us with in requested below. Is of updating our credit files on this es: Opened: harden Payment Experience	no prior cre is customer. High Credit:	t in the amount of \$ and has given your dit experience. We would appreciate it if you would Your bank was given as a reference. A summary of Terms: Please return a copy of this completed form to: Girard Glass Corporation PO Box 58624 Los Angeles, CA 90058 (323)588-3231 FAX: (323)588-015
CHECKING ACCOUNT:	Opened:		Average Balance:
	Returned Items: Yes	⊐ No	Satisfactory: ☐ Yes ☐ No
		_	,
LOANS: Onened:	High Credit		•
Opened:	High Credit:		Balance:
Opened: Secured By:			Balance:
Opened: Secured By: Payment History:			Balance: Unsecured:
Opened: Secured By: Payment History: Opened:	High Credit:		Balance: Unsecured: Balance:
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