



Company Check Approval – Bank Inquiry

This form must be completed, signed, and mailed by your bank and must include the official bank stamp.

Buyer Information

Company Name: _____ Buyer # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

The undersigned authorizes bank to release this information listed below to Auto Exchange.

Owner/President Signature _____ Date: _____

Owner/President Name (Print) _____

Bank Information

Bank Name: _____ Account # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Account Opened: _____ Average Daily Balance: \$ _____

Does account have NSF History? (check one) Yes No If yes, how many in the past year? _____

Account has been maintained (check one): Excellent Satisfactory

Other, explain _____

Bank Stamp (required)

Agent Name Print: _____

Signature of Agent: _____

Title of Agent: _____

Bank Phone #: _____ Ext: _____

Date: _____

Submit completed and signed form to:

Auto Exchange

PO Box 23 • 580 Jernee Mill Road, Sayreville, NJ 08872

(732) 238-4006 • Fax (732) 238-9821