



The Bond Only Agency

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DOI Lic# 0B57612

BANK REFERENCE LETTER

Date: _____

Depositor: _____

Account No.(s): (1) _____ (2) _____ (3) _____

TO BE FILLED OUT AND SIGNED BY A BANK REPRESENTATIVE

To Bank Representative:

The above depositor has given your name as his banking reference in regard to his bonding application. In addition to the following information, any comments would be most helpful in determination of his bonding eligibility. Please use actual dollar amount.

- 1. Length of time with bank: _____
2. Total current cash balance: _____
3. Average account balance for past six (6) months: _____
4. Amount and terms of any loan(s) (opened or closed): _____
5. Amount of established line of credit (if any): _____
6. Amount of line of credit used (if any): _____

Comments: _____

Date: _____ By: _____

Title

You are hereby authorized to release the above requested information to South coast Surety Insurance Services, Inc..

Signature of Depositor or Authorized Officer Date: _____

All information provided will be held in the strictest confidence