

FINANCIAL INSTITUTION REFERENCE
(Bank, Credit Union, etc.)

THIS FORM MUST BE USED

Inquiry regarding _____
(Name of applicant & name under which license is to be issued)

Savings Account Open Closed
 Low Medium High

Checking Account Satisfactory Unsatisfactory

Credit Experience

Loans are granted Frequently Occasionally Seldom

Relationship Satisfactory Unsatisfactory

Comments: _____

Date: _____

Name of Financial Institution

Address

City State Zip

By: _____
Signature of Official

Title

All information will be held in confidence.

Subscribed and sworn to before me this _____ day of _____, 20____

_____ My commission expires _____
Notary Public

MAIL TO: NBOA/Business Regulatory Department
Division of Economic Development
Post Office Box 663
Window Rock, Arizona 86515