

FLORIDA SCHOOL BOOK DEPOSITORY, INC.

PO BOX 6578 JACKSONVILLE, FLORIDA 32236

BANK CREDIT INQUIRY

Account # _____

The above customer has given the name of your bank as a reference in applying for credit. We would appreciate, in confidence, the following information:

Date Account Opened _____

Average Balance _____ Low _____ Medium _____ High
_____ Four _____ Five _____ Six Figure

Deposit Account Relationship Satisfactory _____ Yes _____ No

Remarks _____

LOANS

	HIGH	PRESENT
Unsecured	\$ _____	\$ _____
Secured	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Installment	\$ _____	\$ _____

LOAN EXPERIENCE:

Satisfactory _____
Unsatisfactory _____
Remarks: _____

Line of Credit Available: _____ Yes _____ No

Bank Signature _____
Title _____
Date _____

Authorization:

I hereby authorize the above information to be released to Florida School Book Depository for the purposes of establishing a credit account.
