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Bank Account Verification Form

Dear Applicant: Please complete items (1) to (6), and sign on item (7) to authorize your bank to release your account information. Return this form to us with your Credit Application.

1 Bank Name: _____

2 Bank Address: _____

3 Bank Telephone: _____ Fax: _____

4 Name of Contact at bank: _____

5 Name on the Account: _____

6 Account Number: _____

To Bank Officer:

You are authorized to release the following information regarding our account to APTICO Inc. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

7 Applicants authorized signature: _____ Date: _____

Dear Bank Officer:

Please Complete items 8,9,10, & 11, and return this form to us via mail or fax.

8 When was the account as shown on item 5 & 6 opened? _____

9 The average balance for the last three months of this account: _____

10 Has the account ever been overdrawn? _____

11 Comments: _____

Signed: _____ Title: _____ Date: _____

Print : _____