

**Form B - BANK CREDIT REFERENCE**  
**Please print out and fax the following, along with your receipt, to 1.478.207.1458**  
**State Licensing Board for Residential and General Contractors**

**APPLICANT NAME**  
(Print clearly)

**APPLICANT TRACKING CODE**  
(Found on receipt page)

**TO BE COMPLETED BY APPLICANT:**

To:

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Fax

Re:

\_\_\_\_\_  
Customer Name (if this is an individual application, the customer and account information below must be in the individual's name. If this is a qualifying agent application, the customer and account must be in the name of the business organization)

\_\_\_\_\_  
Address of Customer

\_\_\_\_\_  
Account No(s)

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

\_\_\_\_\_  
Signature

**TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT**

Has the above referenced customer handled their checking account in a satisfactory manner?

Yes       No, Explain \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Number of overdrafts in last 12 months: \_\_\_\_\_

Does this customer have any loans?     Yes \*       No

If "Yes", how many payments over 30 days \_\_\_\_\_, 60 days \_\_\_\_\_, 90 days \_\_\_\_\_.

Date of last delinquent payment: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title