



Griffin Transport Services, Inc.

5360 Capital Court Suite 100
Reno NV 89502
Tel 775-331-8010 Fax 775-331-6745

REQUEST FOR BANK INFORMATION

This section to be filled out by Applying Client. Upon completion, please forward to proper Bank Representative for account information

Requesting Information For:

Company Name _____

Company Representative _____

Address _____

City, State, Zip _____

Bank Name _____

Account Number(s) _____

Signature

Title

Date

This agreement constitutes authorization to listed bank to release all relevant bank information regarding the account(s) listed above to Griffin Transport Services, Inc.

This section to be filled out by Bank Representative. Upon completion, please forward to Griffin Transport Services.

Bank Name _____ Bank Phone _____

Account Number(s) _____

Date Account(s) Opened _____

Average Daily Balance _____

NSF Activity Yes _____ No _____

Additional Comments: _____

Signature - Bank Representative

Title

Date

By signing I agree that all listed bank account information is current and represented accurately. This information will be verified by Griffin Transport Services and used to evaluate and establish credit for the applicant.

**BANK REPRESENTATIVE PLEASE FAX THE COMPLETED FORM BACK TO GRIFFIN TRANSPORT,
Attention ROBERT ERICKSON, AT 775-331-6745**