

## 370 Reed Road, Suite 101 Broomall, PA 19008

## **Request for Account Rating**

| Financial Institution:                    |                | The subject of this request has applied for Renta                       |  |
|---|----------------|---|--|
| ATTN: CREDIT DEPARTMENT                   | W<br>a 1<br>Th | When completed please fax this form back                                |  |
| Consumer Name:                            |                |   |  |
| Social Security #:                        |                |   |  |
| CHECKING Account number:                  |                |   |  |
| Opening date of account?                  |                |   |  |
| Average balance? (In dollars please)      | _              |   |  |
| Number of NSF's in the past 12 months?    |                |   |  |
| Interest rate on this account?            | %              | you have any questions please call us at                                |  |
| Is this account in satisfactory standing? |                |   |  |
| SAVINGS Account number:                   |                |   |  |
| Opening date of account?                  |                | Thank you again for your time in filling out the requested information. |  |
| Average balance? (In dollars)             |                |   |  |
| What is the interest rate?                | %              |   |  |
| Your name: Position                       |                |   |  |
|   |                | <b>DO NOT</b> fax back release<br>request. Thank you.                   |  |