



# ALVARADO MILLS

30542 Union City Blvd., Union City, CA 94587

Voice: (510) 324 8892 Fax: (510) 324-8704

## AUTHORIZATION FOR CREDIT INQUIRY

**BANK NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_

Would you be kind enough to furnish ALVARADO MILLS credit information on my account.

**CUSTOMER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_

**ACCOUNT#:** \_\_\_\_\_

A self-address stamped return envelope to ALVARADO MILLS is enclosed for your convenience.

Sincerely Yours,

X \_\_\_\_\_  
Signature and Title of Applicant

.....

### FOR BANK USE ONLY:

#### Deposit activity:

Account Number: \_\_\_\_\_  
Date account opened: \_\_\_\_\_  
Number of times overdrawn: \_\_\_\_\_ ever?  
Number of times checks returned unpaid: \_\_\_\_\_ ever?

<input type="checkbox"/>	Low	<input type="checkbox"/>	Four Figure
<input type="checkbox"/>	Medium	<input type="checkbox"/>	Five Figure
<input type="checkbox"/>	High	<input type="checkbox"/>	Other

Is this account totally satisfactory?  Yes  No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_