

CREDIT AUTHORIZATION/VERIFICATION FORM

Applicant(s) has applied for a loan with ZIONS AG FINANCE, 500 Fifth St., Ames, Iowa 50010-6063. Applicant(s) authorizes ZIONS AG FINANCE to conduct a credit inquiry and has listed your organization as a reference. Please furnish the requested information and forward this request in the enclosed envelope Applicant(s) authorize ZIONS AG FINANCE to conduct their own credit investigation including a request for a business or consumer credit report.

Date	Applicant's Signature	Applicant's Signature
To: _____	For: _____	_____
Credit Reference		Credit Reference
Address	Address	Address
City-State-Zip	City-State-Zip	City-State-Zip

Loan Information

TYPE OF CREDIT	CURRENT BALANCE	INTEREST RATE	PAYMENT TERMS		DATE LAST PAID	ORIGINAL LOAN AMOUNT	ORIGINAL LOAN DATE
			AMOUNT	FREQUENCY			
REAL ESTATE							
CHATTEL							
OPEN NOTE							

Number of delinquent payments _____ Amount overdue \$ _____
 Years of experience with your organization _____ Maximum credit extended at one time \$ _____
 Do you have any co-signors or guarantors on the above loans? _____
 Do you have any knowledge of bankruptcy, foreclosure or compromised debt involving the applicant? _____
 Have you imposed any restrictions on future transactions with the applicant? _____ Explain "yes" response _____

Payment History

- Prompt
- Satisfactory
- Less than satisfactory
- Slow

Cash Accounts

TYPE OF ACCOUNT	BALANCE

 Additional Comments



CONTACT US TODAY
800-641-9619 | zionsag.com

 Signature

 Telephone

 Date