



57-65 48th Street
Maspeth, NY 11378
718-821-2200
Fax: 718-821-5400

BANK AUTHORIZATION FORM

To:	
Bank Name:	_____
Address:	_____ _____
Contact:	_____
Phone #:	_____
E-mail:	_____

To Whom It May Concern:

Please provide **MARKET SERVICES INC. T/A ARMS** with information regarding the credit and loan histories with your bank for the undersigned individual or company.

Trade Name		

Corporate Name		

Industry		

Authorized Signature	Name	Title

Date		