



# Verification of Bank Account Request and Authorization Form

REQUESTER INFORMATION	
<b>Name</b>	
<b>Company Name</b>	Bens Luxury Car & Limousine Service, Inc.
<b>Company Address</b>	11-01 43rd Ave, Long Island City, NY 11101
<b>Company Phone Number</b>	1.718.433.1212
<b>Return Fax Number</b>	1.718.706.8790

ACCOUNT INFORMATION			
<b>Name on the Account</b>			
<b>Account SSN or Tax ID</b>			
<b>Account Address</b>			
	Routing Number	Account Number	State
<b>Checking Account #1</b>			
<b>Checking Account #2</b>			

ACCOUNT AUTHORIZED USER INFORMATION	
<b>Name Authorized User #1</b>	
<b>Authorized User SSN</b>	
<b>Authorized User Address</b>	

ACCOUNT AUTHORIZED USER INFORMATION	
<b>Name Authorized User #2</b>	
<b>Authorized User SSN</b>	
<b>Authorized User Address</b>	

I authorize the bank to release the balance, average balance, and opening date on the account(s) listed above to the requesting company/person. I understand that if the information I have provided herein is not accurate or complete, my credit application may be delayed or declined.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Signature of Account Holder)

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Signature of Account Holder)

Bank will provide account information, including but not limited to, opening date, balance, and average balance. Bank shall be held harmless from and against any claim or loss suffered or incurred as a result of the release or use of the information herein requested.