



Your Registration is important to us!
Phone: 678-889-7776
Fax: 678-318-1303
Web: www.myvipauctions.com

Banking Information

(Please complete this section and sign at the bottom of this page)

Bank Name _____ Account# _____

Phone _____ Fax _____

Address _____

Contact Person & Direct Phone _____

This section to be completed by your Bank ***Office use Only**

To Whom it may concern:

Our new customer, _____, owner/officer of _____, desires to do business with V.I.P. Auctions using a checking account at your Banking institution. To enable us to properly evaluate their potential purchase volume and payment ability, we request the following information. (Please see customer approval below)

- 1. Date account opened ____/____/____
- 2. Customer's average balance _____
- 3. Is account satisfactory? (circle one) Yes No
- 4. Do you honor overdrawn checks for this account? (circle one) Yes No
- 5. Has customer had overdrawn check? (circle one) Yes No

Completed by: _____ Date ____/____/____

Thank you for your prompt consideration in this matter.

Customer Authorization for Release of Banking Information

Licensed Owner Signature _____ Date ____/____/____

V.I.P. Auctions Representative/Witness _____ Date ____/____/____