



# DARTMOUTH BUILDING SUPPLY, INC.

958 REED ROAD, P.O. BOX 70006, NO. DARTMOUTH, MA 02747 (508) 990-1500 1-800-540-2389 Fax (508) 994-7166

OFFICE USE ONLY
ACCOUNT NUMBER

## REQUEST FOR BANKING INFORMATION

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: (       ) \_\_\_\_\_

The undersigned hereby authorizes \_\_\_\_\_  
Bank to give Dartmouth Building Supply, Inc. any and all pertinent banking information  
relative to my account #\_\_\_\_\_. This form is for the sole  
purpose of obtaining a credit account at Dartmouth Building Supply Inc.

### Thank You!

Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

Co-Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(co-applicant signature)

\_\_\_\_\_  
(applicant print name)

\_\_\_\_\_  
(co-applicant print name)

Witness: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

\_\_\_\_\_  
witness signature

\_\_\_\_\_  
(witness print name)