



Clear Form

**Credit Card
Reference Form**



Date: _____
Customer Name: _____
Business Name for Plastic: _____
Tax ID: _____

New Application Attached for \$ _____
Credit Line Increase for Existing Account # _____
Credit Review / File Update Request

Borrowing Resolution and Organizational Papers reviewed

Physical Address on Application is correct

Deposit Account(s) Open Since: _____

Average Combined Balance: ☐ 4 Figures

☐ Low ☐ Med ☐ High

☐ 5 Figures

☐ 6 Figures

☐ 7 Figures

Loan(s) Open Since: _____

High Credit:

☐ 4 Figures

☐ 5 Figures

☐ Low ☐ Med ☐ High

☐ 6 Figures

☐ 7 Figures

Comment(s)

Personal Guarantor Gross Monthly Income _____

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION

Bank Name _____
Contact Name: _____
Title: _____
Business Phone: _____
Email: _____

Please send this form with the application to:
TIB Card Services, Attn - Credit Department
By Fax 877-809-9162 or Via Secure Email banksupport@tib.bank