

BANK STATEMENT VERIFICATION

*This information is required for prequalification to confirm
bank account balances for non-audited applications.*

In connection with our application for prequalification with the Michigan Department of Transportation, Please verify the following as of: **Fiscal Year End Date:** _____

**** Return completed form to qualifying company. ****

NAME OF QUALIFYING COMPANY PER BANK RECORDS

SIGNATURE OF QUALIFYING CONTRACTOR

1. Our records show the following balance(s) to the credit of the above named customer, at the close of business on their fiscal year end date as stated above.

AMOUNT	ACCOUNT NAME	SUBJECT TO WITHDRAWAL BY CHECK

2. The customer was directly liable to us in respect of loans, acceptances, etc. as follows:

AMOUNT	DATE OF LOAN OR DISCOUNT	DUE DATE	INTEREST RATE	DESCRIPTION OF LIABILITY, COLLATERAL, SECURITY, LIENS, ENDORSERS, ETC.

3. The customer was contingently liable as endorser of notes discounted and/or as guarantor as stated below:

AMOUNT	NAME OF MAKER	DATE OF NOTE	DUE DATE	REMARKS

4. Other direct or contingent liabilities, open letter of credit, and relative collateral, were:

NAME OF BANK

DATE

AUTHORIZED SIGNATURE

TITLE