



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](mailto:banksupport@tib.bank)