

Dealers Auto Auction of Alaska, Inc.
8400 Arlon Street, Anchorage, AK 99507
Phone: (907) 563-8343
Fax: (907) 563-8307



BANK LETTER

(Dealer: please fill out top section and give to your banker to fill out remainder of form)

Dealer Name: _____
 Address: _____

 Phone: _____ Fax: _____
 Bank Account #: _____

Bank Name: _____
 Address: _____

 Phone: _____ Fax: _____
 Bank Officer: _____

I authorize Dealers Auto Auction of Alaska, Inc. to obtain all credit history deemed necessary through my financial institution and any credit rating services they may use.

 Name of Dealer Principal

 Signature of Dealer Principal

(Bank: please fill out bottom portion of form and mail back to Dealers Auto Auction of Alaska at above address)

Dear Bank Officer:

Your bank has been listed by the above dealer as their principal banking reference. Dealers Auto Auction of Alaska is a wholesale Automobile Auction for licensed new and used car dealers. In order to honor the dealer's request to grant check writing privileges, we need to establish the dealer's financial responsibility. We would greatly appreciate your assistance in providing us with your evaluation of the account listed above. This information will be held strictly confidential. When completed, please return to Dealers Auto Auction of Alaska, Inc. at the above address.

1. Date account established: _____
 _____ A-1 Account _____ Good Risk
 _____ Fair Risk _____ Poor Risk

2. Issues insufficient checks _____ Does
 _____ Does Not

3. Average Balance: Low _____ 3 Figures _____ 5 Figures _____
 (6 month avg. balance) Med _____ 4 Figures _____ 6 Figures _____
 High _____

4. Is there a credit line? ___ Yes ___ No \$ _____ Limit \$ _____ Unused

5. Is there a floor plan? ___ Yes ___ No \$ _____ Limit \$ _____ Unused

 Signature of Bank Officer

 Date

 Printed Name of Bank Officer