

Buyer Proof of Funds

Name: _____

Street Address: _____

City: _____ State: _____

ZIP: _____

Telephone #: (Home) _____

(Mobile) _____

Driver's License #: _____

State of Issue: _____

Email

Address: _____

Name of Bank: _____

Location/Branch: _____

Contact Person: _____

Telephone #: _____

Amount Of Funds Available \$ _____

Submitted Bank Representative:

(Please Print Clearly)

BUYER SIGNATURE DATE

BUYER SIGNATURE DATE

E-mail to farrenkshoaf@yahoo.com

704-902-9640