Secure CRB Contact Us Form

First Name: Last Name:

Submitted on:

General Comments

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How would you like us to answer you?	◯ Telephone ◯ Fax ◯ Regular Mail ◯ E-Mail

Product Information Request

Products	☐ Automobile Loan ☐ Mortgage Loan ☐ Small Business Loan ☐ Checking for Cannabis Related ☐ Savings for Cannabis Related
Loan Application Request (required)	**Amount Requested** _____ **Term** _____
Are you a present customer of our bank?	◯ Yes ◯ No
Would you like to apply for your loan	◯ over the phone ◯ in person ◯ by mail

Please Complete This Section

Your Name _____ **E-Mail Address** _____

Mailing Address	Address Line 1 Address Line 2 City State ZIP Code
Area Code / Phone No.	

Fax Number w/Area Code	Best Time To Call	Company Name

How Did You Hear About Us? friend, website, referral, employee- name) (required)	