



BANK OF LAS VEGAS

**LINE OF CREDIT**  
**DRAWDOWN REQUEST**

Name on Line of Credit: \_\_\_\_\_

Line of Credit Account # \_\_\_\_\_

Amount of Drawdown: \$ \_\_\_\_\_

Name on Account to Credit: \_\_\_\_\_

Account Number to be credited: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Signer

COMPLETE AND FAX TO YOUR PREFERRED OFFICE:

Black Mountain Office Fax# 702-990-5443  
Desert Office Fax# 702-938-0509

Decatur Office Fax# 702-939-2415  
Red Rock Office Fax# 702-948-3630

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**Bank Use:** Date transfer completed: \_\_\_\_\_ By: \_\_\_\_\_