



Authorization to release bank Information

Dear Sir or Madam:

Your client, _____, is applying for an open credit line with us. Please release the following information to us regarding the account(s) at your bank. Below is your client information and his/her authorized signature.

For Customer Use Only	Date:	
	Company (Client) Name:	
	Company Address:	
	City, State or Zip-Code:	
	Bank Name:	
	Account No:	
	Customer Signature:	
	Name and Title (Please Print):	

Please fill out the following information and fax back to us.

For Bank Use Only	Account No:		Age of Account:	
	Current Balance:		Average Balance: (Most recent 3 months)	
	Dishonored Checks:	Yes / No	Frequency:	
	Line of Credit:	Yes / No	Amount Owed:	
	Overall Credit Rating:	Excellent / Satisfactory / Average / Poor		
	Bank Authorized Signature:			
	Name and Title (Please Print):			

Thank you for your assistance. Please fax this to 312-216-2395.

Sincerely,
Credit Department

2300 South Halsted Street, Chicago, IL 60608
www.truongent.com