



AUTHORIZATION TO RELEASE CREDIT INFORMATION

Contact: Sales Department
E-mail: Salesinfo@Superiorcommunications.com
Phone: 800-522-4727 Fax: 626-608-9023

URGENT: YOUR PROMPT RESPONSE WOULD BE GREATLY APPRECIATED

Please be advised that I have a credit account with your bank and hereby request that a report of my credit history with you be forwarded to Superior Communications Products. You may consider this letter as my authorization to release this information. Thank you for your cooperation.

Date: _____
Company Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____

Customer Signature Authorizing Release _____ Print Name _____

Bank: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____
Customer Account No.: _____

BANK TO COMPLETE THIS SECTION

DEPOSITORY ACCOUNT:

Date Opened: _____ Average Balance: _____ If Closed, When: _____
Any NSF Checks? Yes No Any Aggregate Balance Used? Yes No
Experience and Comments: _____

LOAN ACCOMMODATIONS:

Line of Credit: _____ Since: _____ Terms: _____
Mortgage: _____ Since: _____ Installment: _____ Since: _____

Signature of Banker _____ Print Name _____
Title _____ Date _____

CREDIT HISTORY:

Outstanding: \$ _____ Past Due: \$ _____
Collateral: \$ _____ Guarantee: \$ _____
Highest Credit Limit: \$ _____
Experience and Comments: _____