

Authorization To Release Credit Information

Contact: Premier Distributor

Phone No: (815) 630-3013 Fax No: (815) 630-3014

I acknowledge that I have a credit account with your bank and request a report of my credit history. This authorization is for the release of the following information to Premier Distributor. Please fax this for to (815) 630-3014. Your prompt reply is greatly appreciated.

Company Name: Contact:

Address:

Phone No: Fax No: Email Address:

Bank:

Account No:

Loan No:

Account Officer/Contact:

Address:

Phone No: Fax No: Email Address:

Signature Authorizing Release: Printed Name/Title: Email Address:

Depository Account:

Date opened: Average Balance: If closed, when:

No. of late payments and/or NSF year to date:

Loan Accommodations:

Line of Credit: Since: Terms:

Mortgage: Since: Installment: Since:

Credit History:

Outstanding: Past Due: Collateral: Guarantee:

Highest Credit Limit:

Additional Information

Bank Officer Signature: Printed Name/Title: Date: