



## FINANCIAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

*Dear Customer,*

*In order for us to check your bank references, please complete this form to release the following information to ASI for the purpose of extending credit.*

*The information will be kept in the strictest confidence. Please complete the form along with your signature and fax back to your ASI Location.*

*Thank you for your cooperation.*

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_

Bank Phone # \_\_\_\_\_ Contact Person \_\_\_\_\_

Bank Fax # \_\_\_\_\_

Bank Account # 1. \_\_\_\_\_

Loan Account # 2. \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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