



FINANCIAL AUTHORIZATION RELEASE

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.

Company Information

Company Name:

Company Contact:

Title:

Company Address:

City:

State:

Zip:

Bank Information

Bank Name:

Bank Contact:

Bank Address:

City:

State:

Zip:

Bank Phone:

Bank Fax:

(1) Bank Account #1:

(2) Bank Account #2:

(3) Line of Credit #:

(4) Loan Account #:

By signing below, I hereby authorize ASI Corp to check my banking references in an effort to establish a line of credit with ASI.

Authorized Signature:

Date:

Email Address:

Print Name:

Title:

Please fax signed authorization form to the location where placing order.

Atlanta, GA (678) 502-1392

Dallas, TX (214) 576-0193

Edison, NJ (732) 225-8988

Fremont, CA (510) 249-1856

Houston, TX (909) 444-8076

Itasca, IL (630) 735-5302

Los Angeles, CA (909) 444-8076

Lenexa, KS (909) 444-8076

Miami, FL (305) 715-1112

Portland, OR (503) 641-2899

Toronto & Montreal (905) 470-8808

Canada – West (BC/AB/SK) (604) 214-0345

Canada – East (MB/ON/PQ/Maritime) (905) 470-8808