



## 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:

Province:

Postal Code:

### Bank Information

Bank Name:

Bank Contact:

Bank Address:

City:

Province:

Postal Code:

Bank Phone:

Bank Fax:

Bank email:

(1) CND Bank Account:

(2) USD Bank Account:

(3) Loan Account #:

(4) Line of Credit 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:

Print Name:

Title:

Email Address:

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

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

Canada – East (MB/ON/PQ/Maritime)  
(514) 748-5600

Toronto & Montreal  
(514) 748-5600