



DAREX, LLC

210 East Hersey Street • P.O. Box 730 • Ashland, OR 97520
(541) 552-1301 • Fax (541) 488-6633

BANK AUTHORIZATION TO RELEASE CREDIT INFORMATION

TO: (Your Bank)

Regarding: (Your Company)

Our Company, _____ hereby authorizes our bank to release credit information on our accounts to Professional Tool Manufacturing. We are presently in the process of establishing credit with them. Please provide the complete information and fax it back directly to Professional Tool Manufacturing to expedite our credit application.

Contact: _____

Phone No.: _____

Checking Account No.: _____

Loan No.: _____

Savings Account No.: _____

Bank Fax No. _____

AUTHORIZED OFFICER SIGNATURE

PRINT NAME & TITLE

DATE

BANK USE ONLY

	<u>Checking Acct</u>	<u>Savings Acct</u>		<u>Loan</u>
Account #:	<input type="text"/>	<input type="text"/>	Account #	<input type="text"/>
Date Opened:	<input type="text"/>	<input type="text"/>	Date Opened:	<input type="text"/>
Average Balance:	Last six months		High Credit:	<input type="text"/>
	<input type="text"/>	<input type="text"/>	Current Bal.:	<input type="text"/>
# NSF :	Last six months		Payment History:	
	<input type="text"/>	<input type="text"/>	___ Prompt	
			___ Late ___ # days	

PROVIDED BY: _____

DATE: _____