

BANK / TRADE CREDIT RELEASE OF INFORMATION

Date: _____

Individual and or Joint Names (for personal accounts)

Individual and Business Name (for business accounts)

To Whom It May Concern:

The above stated customer has applied for an Open Account with our company, All American Do it Center. Their signature below is written authorization for the release of the required credit information. If you have any questions, please feel free to contact our Credit Department at 608-269-5028.

Name: _____
(Please print)

Authorized Signature: _____

Title: _____