



**BANK CREDIT REFERENCE AUTHORIZATION FORM**

**This Section is to be completed by Customer's authorized agent:**

Company (Customer) Name: \_\_\_\_\_

Company (Customer) Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email / Fax No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Contact Name / Position: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email / Fax No: \_\_\_\_\_

**The undersigned hereby authorizes the release of bank reference information requested below for the purpose of purchasing merchandise from Precision Label.**

Signature of Authorized Customer Agent: \_\_\_\_\_

Name of Authorized Customer Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section is to be completed by Bank authorized agent:**

Date account opened: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Credit Line Limit: \_\_\_\_\_

NFS History: \_\_\_\_\_

Additional Comment: \_\_\_\_\_

Signature of Bank Authorized Agent: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please send by email to DGray@p-label.com