



## Bank Release Form

To Whom It May Concern:

Your bank is requiring specific written authorization from you for release of information regarding your account. Therefore, please have this release signed by a signatory to your account and fax it back to our attention.

Your bank may charge a fee for processing your credit check which we will add to your first order.

Thank you,

Credit Department  
AmChar Wholesale, Inc.  
Fax: 585-328-3749

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Company: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Permission is given for the release of information about this account to AmChar Wholesale, Inc.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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