



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 Canada, Inc.
Fax: 1-585-328-3749

Company: _____

Bank Name: _____ Acct #: _____

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

Signature: _____

Print Name: _____

Date: _____

Title: _____

Personally and Individually – Sign Here