

BANK INFORMATION RELEASE



Dear Customer:
Banking institutions now require a customer's written consent before releasing any information. In order to process your request for a charge account, please complete the first portion of this page, including bank account number(s), and return it to us with the application.

THANK YOU FOR SHOPPING WITH US.

(Please Type or Print)

_____ Date

_____ Bank Name

_____ Your Company Name

_____ Bank Address

_____ Company Address

_____ Bank City, State & Zip Code

_____ Company City, State & Zip Code

Checking # _____

Savings # _____

Please release the following information concerning our checking account and/or savings account to:

- xpdx Paper & Graphics
- xpdx Paper Store
- Arvey Paper & Office Products
- First State Paper

_____ YOUR COMPANY AUTHORIZED SIGNATURE

_____ TITLE

(DO NOT WRITE BELOW THIS LINE)

AUTHORIZED COMPANY SIGNATURE _____

TITLE _____

AMOUNT OF CREDIT LINE INVOLVED \$ _____

DATE ACCOUNT OPENED (CHECKING) _____

AVERAGE BALANCE _____

LOANS _____

NSF ACTIVITY _____

REMARKS: _____

ACCOUNTS RECEIVABLE FAX NUMBER:

901-214-1440

_____ BANK SIGNATURE

TITLE _____