



CUSTOMER'S AUTHORIZATION TO OBTAIN BANKING INFORMATION

In order to obtain confidential information regarding your banking experience, we will require your signature below. This letter of authorization, along with our credit verification form will be mailed to your bank. Without this letter we will be unable to make a fair determination of your banking experience. Vendor and banking experience is necessary in determining whether we will be able to offer you an open account with our company.

This letter must be returned along with the credit application.

Bank Name _____ Branch _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Account Number _____

Please include your bank account number in order to avoid any delays.

Your Company Name _____

Address _____

City _____ State _____ Zip Code _____

I agree to authorize my bank to supply BRUSH RESEARCH MANUFACTURING CO., INC. with all necessary information regarding my banking and savings and loan experience for the purpose of establishing credit worthiness.

Signature _____

Print Name _____

Title _____ Date _____

