



AUTHORIZATION TO RELEASE INFORMATION

To: _____
(YOUR BANK NAME AND CONTACT)

Fax No.:

From: Accounts Receivable / Intech Equipment

Total No. of Pages: 1

Date:

Regarding: _____
(YOUR COMPANY NAME, ADDRESS, ACCOUNT NUMBER)

We are in the process of opening an account for the above named company. Would you kindly supply us with the information requested and return by fax to 602-257-1121.

Years doing business with this company: _____

Is account still active? _____

Average Daily Balance: _____

NSF's? _____

Rating: _____

General Comment: _____

This Firm's Authorized Signature

Title

Should you have any questions, please contact the undersigned at 602-257-0720.

Thank you in advance for your assistance.

Accounts Receivable

Credit Department Fax Number: 602-257-1121