



BANK CREDIT REFERENCE AUTHORIZATION FORM

This Section is to be completed by Customer's authorized agent:

Company (Customer) Name: _____

Company (Customer) Address: _____

Phone No: _____ Email / Fax No: _____

Bank Name: _____ Account Number: _____

Bank Contact Name / Position: _____

Phone No: _____ Email / Fax No: _____

The undersigned hereby authorizes the release of bank reference information requested below for the purpose of purchasing merchandise from Precision Label, a part of Inovar Packaging Group.

Signature of Authorized Customer Agent: _____

Name of Authorized Customer Agent: _____

Title: _____ Date: _____

This Section is to be completed by Bank authorized agent:

Date account opened: _____ Type of Account: _____

Current Balance: _____ Credit Line Limit: _____

NFS History: _____

Additional Comment: _____

Signature of Bank Authorized Agent: _____

Name of Authorized Agent: _____

Title: _____ Date: _____

Please send by email to KParker@p-label.com