

KasLenTEXTILES

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BANK ACCOUNT REFERENCE AUTHORIZATION

Dear Customer:

To expedite the processing of your credit application, we must have an "Account Holders Authorization" signature to obtain a credit rating from your bank. Please provide us with the following information:

NAME OF BANK: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK ☎: _____ FAX: _____

BANK ACCT#: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY ☎: _____ FAX: _____

YOUR KASLEN TEXTILES ACCT #: _____

ACCOUNT SIGNER(S) (PLEASE PRINT): _____

SIGNATURE(S): _____

CANNOT BE PROCESSED WITHOUT SIGNATURE(S)

**** BANK USE ONLY ****

DATE ACCT OPENED: _____ ACCT TYPE: _____

RATING: (Please Circle) LOW MED HIGH / 3 4 5 6 (FIGURES)

NSF HISTORY: # OF NSF CHECKS: _____ OVER HOW MANY MONTHS: _____

DATE OF LAST NSF CHECK: _____

IS THE ABOVE NAME THE SAME AS THE ACCOUNT TITLED AT YOUR BANK? Y / N

IF NO, PLEASE INDICATE THE CORRECT NAME: _____

ACCT RELATIONSHIP W / BANK: EXCELLENT / SATISFACTORY / UNSATISFACTORY

AUTHORIZED BANK SIGNATURE OF VERIFICATION