



**L & A PLASTIC MOLDING**

A Division of Loritz & Associates, Inc.

## **BANK AUTHORIZATION**

Date: \_\_\_\_\_

Banking institutions now require a customer's written consent before releasing any credit information. To insure speedy processing of your credit, please have an authorized company representative (someone who is authorized to sign on the account) sign below. We assure you that this information will be confidential.

BANK NAME: \_\_\_\_\_

ATTN: \_\_\_\_\_

FAX #: \_\_\_\_\_

I hereby authorize L&A PLASTIC MOLDING to obtain a credit rating on the following account.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

PLEASE FAX THE COMPLETED FORM TO 714-694-0400