



PO Box 273, Atlantic Beach, NY 11509
PH: 800-403-0011 / FX: 800-952-8281

<h2>BANK AUTHORIZATION FORM</h2>

I hereby authorize _____ to release the required information regarding my account # _____ for my company to Lubricants Network, Inc. for the sole purpose of establishing credit with said company.

X _____
(SIGNATURE & DATE)

X _____
(SIGNATURE & DATE)

- New Account: Please have this signed and faxed back, authorizing the bank to release information regarding your account. Thank you, Credit Department.
- Please note that the signer of this bank authorization must be named as a signer on this account.