

## FINANCIAL AUTHORIZATION RELEASE

In order for us to check your bank references, please complete this form to release the following information to Systems Analysis Services Inc. for the purpose of extending credit. The information will be kept in the strictest confidence. Please complete the form along with your signature and fax back to your Systems Analysis Services Inc. location.

### Company Information:

Company Name:

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Bank Fax: \_\_\_\_\_

(1) Bank Account #1: \_\_\_\_\_ (2) Bank Account #2: \_\_\_\_\_

(3) Line of Credit #: \_\_\_\_\_ (4) Loan Account #: \_\_\_\_\_

By signing below, I hereby authorize Systems Analysis Services Inc. to check my banking references in an effort to establish a line of credit with Systems Analysis Services Inc.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_