

Designer Graphics Bank Reference Authorization

As a condition of Designer Graphics considering the extension of an open line of credit this form must be filled out.

Company Name _____

Address _____

City, State, Zip _____

Bank Name _____

Address, City, State, Zip _____

Account number _____

Contact Name _____

Contact Telephone # _____

I hereby authorize the release of any credit information that may be required.

Authorized Signature _____

Print Name _____

Date _____