



BANK INFORMATION RELEASE AUTHORIZATION

Please complete and fax with Credit Application

RETURN TO: Credit Department

Phone: (520) 545-9220

Fax: (520) 545-9254

Date: _____

Company Name: _____

Address: _____

I hereby authorize the release of the following requested by: Ron's Produce Co. Inc

 Authorized signature of above: Title:

Bank Name: _____

Attention: _____

Phone / Fax #: _____

Account #: _____

Opening Date: _____ Type of Account: _____

Average Balance: _____ based on 6mo, 1yr, 2yr period: _____

Lines of Credit: _____ **Secured** or **Unsecured** NSF's: _____

Amount of Line: _____ Available Line: _____

Comments

 Signature / Title Date

 Printed Name

Please FAX this information to: (520) 545-9254 Attn: Credit Department
 Ron's Produce Co. Inc. ~ 1505 E. Apache Park Place ~ Tucson AZ. 85714
 (520) 294-3796 ~ (800) 886-8863 ~ Fax: (520) 294-6904
 www.ronsproduce.com