



Charles C. Parks Co.

Convenience Store Distributors

P.O. Box 119 — Gallatin, TN 37066

Ph. 615-452-2406 — Fax 615-451-4212

Authorization to Release Information Application For Check Acceptance

Company Name: _____

Applicant Name: _____

Address: *Street:* _____

City/State/Zip Code: _____

Applicant Social Security #: _____ (FEIN) Federal Taxpayer ID #: _____

Applicant Contact #: _____

Name of Bank: _____

Bank Address: *Street:* _____

City/State/Zip Code: _____

Bank Phone/Fax #: _____

I hereby authorize you to furnish the Charles C. Parks Co. with the following information regarding my account/accounts.

Signature: **X** _____

Account #: _____

Bank Use Only

Deposit Relationship

	Opened	Average Balance	Closed
Checking	_____	_____	_____
Savings	_____	_____	_____

Number of NSF Items Last 60 Days: _____

Comments: _____

Loan Relations

Granted Since: _____ High Credit: _____

Amount Owing: _____ Security: _____

Comments: _____

Date: _____ Bank Officer: _____