



Date: \_\_\_\_\_

Mail To:  
Agri Sales Inc  
P.O. Box 37  
Ceresco, NE 68017

or Fax To:  
Agri Sales Inc  
402-665-2401

**Authorization to release information**

The undersigned hereby authorizes the credit department of Agri Sales Inc, of Ceresco, NE, to obtain information pertaining to accounts of deposit, credit obligations and all other credit matters which they may require in connection with my (our) request for an open line of credit.

This form MAY BE REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL AUTHORIZATION which I (we) have signed.

All information obtained will be held in strict confidence

For \_\_\_\_\_  
(Customer Name)

Signed \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_