



AGRIsales inc.

Credit Release

Date _____

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

Fax To:
Agri Sales Inc
402-665-2401
Email: accounting@agirsales-inc.com

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 _____