

# CREDIT RELEASE AUTHORIZATION



For the purpose of obtaining merchandise on credit, I authorize

Your Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

To release credit information to:

Barr Evergreens of NC, LLC  
321 East Healing Springs Road  
P O Box 3  
Crumpler, NC 28617  
336-982-3013  
336-982-3015 fax

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by (Barr Evergreens of NC, LLC) or its representatives, by telephone or written correspondence.

Any misrepresentation in this Credit Agreement will be considered evidence of fraud since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

As an inducement to grant credit, the undersigned agrees to grant the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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Bank Representative \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Date Account Opened \_\_\_\_\_ Average Balance \_\_\_\_\_

NSF History \_\_\_\_\_ Is Account in Good Standing: Yes No

Any Other Accounts \_\_\_\_\_

Additional Comments: