



MASTER DISTRIBUTOR – WHOLESALE ONLY

BANK AUTHORIZATION FORM

LagasseSweet Sales Manger _____

ATTN: _____

BANK NAME: _____

BANK ADDRESS: _____

CITY/STATE: ZIP: _____

PHONE: FAX: _____

TO BANK PERSONNEL: FOR THE PURPOSE OF ESTABLISHING AN OPEN ACCOUNT WITH Lagasse Inc., WE HEREBY AUTHORIZE YOU TO RELEASE INFORMATION ON OUR COMMERCIAL ACCOUNTS.

CHECKING ACCOUNT NUMBER: _____

AUTHORIZED BY (SIGNATURE HERE): PRINT NAME: _____

COMPANY NAME: DATE: _____

THE FOLLOWING TO BE COMPLETED BY BANK

So that we may consider granting open account terms to the customer, we ask you, in confidence, to supply us with the following information.

CHECKING ACCOUNT: Open Date Average Balance _____

NSFs/RETURNED CHECKS? (Y/N) Rating on Account _____

LOAN INFORMATION: Open Date High Credit _____

SECURED? (Y/N) If secured, what is collateral? _____

CURRENT? (Y/N) Past due amount? _____

Balance Owing: _____ Rating: _____

Thank you for your cooperation,

Client Acquisition Services

Return to: Fax 866-267-0425

1122 Longford Road. Oaks, PA 19456 Phone 800-989-7487 Ext.5538