

Authorization for Release of Information

Date: _____

To: _____
Name of Bank

Mailing Address

City State Zip Code

Contact Party Phone Number

To Whom It May Concern:

The undersigned is entering into a business relationship with Western Overseas Corporation. Please release the credit information they are requesting and return to the address shown at the bottom of this form. You may either fax the information or mail it; this letter can be folded for insertion into a window envelope. Thank you for your cooperation.

Sincerely,

Name of Business or Individual

Account Number

Street Address

City State Zip Code

Signature

Printed Name of Account Signer

Return To:

Western Overseas Corporation	Tel: 562-985-0616
P. O. Box 90099	
Long Beach, CA 90809-0099	Fax: 562-986-1367