



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 Columbia Distribution Services. 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

<p>Return To: Columbia Distribution 13298 Orden Drive Santa Fe Springs, CA 90670</p>	<p>ap@columbiadistribution.com Phone Number: (562) 424-0347 Fax: (562) 986-1367</p>
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Affiliated with: Western Overseas Corporation FMC 857 / Seahorse Container Lines FMC 017130
Branch Offices are authorized to clear freight and book cargo. All contracts must be signed by Senior Officers at the Corporate Office. Our Terms And Conditions Of Service Apply To All Transactions.