



Seahorse Container Lines

FMC 017130

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 _____.

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: Seahorse Container Lines 10731 Walker Street Cypress, CA 90630</p>	<p>ap@seahorsecontainerlines.com Phone Number: (562) 252-8600 Fax: (562) 986-1367</p>
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 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.