WESTERN OVERSEAS CORPORATION

FMC 857

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
10731 Walker Street
Cypress, CA 90630

ap@westernoverseas.com
Phone Number: (562) 252-8600
Fax: (562) 986-1367

Affiliated with: Seahorse Container Lines FMC 017130 / Columbia Distribution
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.

PRINT