



**600 Food Center Drive
Bronx, NY 10474-7016
Tel: 718-617-5500
Toll free 877-617-5500
Fax 718-861-7643**

Dear customer:

In order for us to expedite the processing of your credit application, we need authorization to release information to us from your bank and other trade references. Please sign and return this form as soon as possible.

I, _____ of

(Authorized Personnel)

(Company name)

Located at

(Address)

AUTHORIZATION FOR RELEASE OF CREDIT RECORDS

I do hereby authorize a review of and full disclosure of all records concerning my credit history. The purpose of this Authorization is to give my knowing and informed consent for a full and complete disclosure of any and all records concerning my credit history that shall include specifically, but not be limited to, records of financial or credit institutions, including records of loans and the repayment thereof, the records of vendors/suppliers, the records of commercial or retail credit agencies, (including credit reports and/or ratings) and other financial statements and records wherever filed. I understand that any information obtained by a credit history background investigation which is developed directly, or indirectly, in whole, or in part, as a result of this authorization will be considered. I do hereby release said person(s) from any and all liability, claims or causes of action which they may incur as a result of furnishing such information. A photocopy of this Authorization will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Please note that Sultana Distribution Services does not participate in fees for credit references. Any fees must be waived or charged to client.

Signed _____
(Authorized signature)

Date: _____