



CITILUBE, INC.

**PO BOX 273, ATLANTIC BEACH, NY 11509
PHONE: 800-222-0809 / FAX: 800-585-9474**

Bank Authorization Form

I, hereby authorize _____ to release the required information regarding my account # _____ for my company to CITILUBE, Inc. for the sole purpose of establishing credit with said company.

X _____
(Signature & Date)

X _____
(Print name & Date)

** Please have this signed and faxed back to me, so that the bank will release information regarding your account. Thank you, Credit Dept.*

** Please note that the person that signs this bank authorization, must be a signer on the account.*