



WHOLESALE TOOL CO., INC.

Local: (586) 754-9270
Toll Free: (800) 521-3420
Local Fax: (586) 754-8652
Toll Free Fax: (800) 521-3661

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

TO: _____
(Financial Institution)

DATE: _____

(Street Address)

ACCOUNT NUMBERS:

(City) (State) (Zip)

ATTN: _____
(Bank Officer's Name)

RE: _____
(Print or type Name of Account Holder)

(Name on Application)

(Street Address)

(City) (State) (Zip)

By my signature below I authorize you to divulge information to **Wholesale Tool Co., Inc.** on my personal and/or business accounts with you. This information is to include mortgage loans, as well as checking and savings accounts and all other loans, open or paid. Please record the information in the space below and mail to: Wholesale Tool Co., Inc., P.O. Box 68, Warren, Michigan 48090.

Signature: _____

Witness: _____

ACCOUNT INFORMATION:

