



BANK AUTHORIZATION

Attn: _____

Bank: _____

Address: _____

ZIP: _____

Phone# _____ Fax# _____

Bank Personnel:

For the purpose of establishing an open account with Willis Distributing, Inc. We hereby authorize you to release information on our checking account.

Our Account Number is: _____

Thank You,

Company Name: _____

Signed: _____

Date: _____

The following to be completed by your Bank.

In order that we may consider granting open account terms to the customer, we ask you, in confidence, to supply us with the following information. We accept response by fax (614) 836-0119 or return mail in the enclosed envelope.

Checking Account: Account# _____

Opened: _____

Average Balance: _____

NSF Checks? _____ Yes _____ No

Other Comments:

Thank You

For Your Cooperation,

Willis Distributing, Inc.