

LEAVITT Communications

BANK AUTHORIZATION

Date: _____

Bank Name: _____ Customer Name: _____

Account No.: _____

Attention:

The above named account is in the process of establishing credit with our company. They have authorized us to inquire about your experience with them. To help us establish the appropriate credit relationship, we ask that you complete the following information.

For Bank Use Only

Customer Since: _____ Average Balance: _____

SAVINGS

CHECKING

COMBINED ACCOUNTS

N.S.F. History _____ None

Line of Credit: Yes No Amount: _____

Secured: Yes No Current Balance: _____

Customer Authorization

I hereby authorize the above listed reference to release any information relating to the above listed accounts.

Customer Signature

Date

All information supplied is for our internal use only and will be kept in strict confidence. Your prompt reply is appreciated. For your convenience enclosed is a self-addressed postage paid envelope or please fax to 270-447-1909.

Sincerely,

Phillip Leavitt
President