

Vision Imaging Supplies, Inc.

10200 Mason Ave. Suite #321, Chatsworth, CA 91311, USA
818.710.7200

e-mail: sales@vis-llc.com Fax: 818.710.7999

Authorization to release bank Information

Company Name _____

Bank Name _____

Bank Address _____

City _____ Postal Code _____

Phone Number _____ Fax Number _____

Account # _____

To the Bank Credit Department of our Bank:

You are hereby authorized to release all relevant information concerning our above account to Vision Imaging Supplies, Inc. at 10200 Mason Ave. Suite 321, Chatsworth, CA. 91311, USA

Authorized Signature: _____

Print Name and Title: _____

Date: _____

Please complete and fax to 818-710-7999 or email us at sales@vis-llc.com