



## Authorization for Release of Bank Information

KOST® USA, Inc. is hereby authorized to contact our bank for purposes of evaluating our request for a credit extension.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_

Bank Contact Phone #: \_\_\_\_\_

Bank Contact Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to Accounts Receivable:  
f: (513) 492-5555 or e: [accountsreceivable@kostusa.com](mailto:accountsreceivable@kostusa.com)



1000 Tennessee Ave. Cincinnati, OH 45229  
(800) 661-9391 | [kostusa.com](http://kostusa.com)



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