



**BUILDING SUPPLY**

1990 Larsen Rd, PO Box 10007 Green Bay WI 54307  
Phone 920/496-5080 Fax 920/494-9570

**BANK RELEASE AUTHORIZATION**

**DATE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

has applied for a line of credit with Wisconsin Building Supply.  
In order to process this credit line, I hereby authorize  
\_\_\_\_\_ (Bank) to supply  
Wisconsin Building Supply with the necessary credit information.

**BANK PHONE NUMBER** (        ) \_\_\_\_\_ - \_\_\_\_\_

**BANK FAX NUMBER** (        ) \_\_\_\_\_ - \_\_\_\_\_

**ACCOUNT NUMBER :** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_