



Name: _____
Date: _____

CUSTOMER BANK ACCOUNT INFORMATION RELEASE FORM

Please complete and sign the top portion of this form and have your bank complete the bottom portion.
After this form is completed by both you and the bank please fax or mail to:

Farley's & Sathers Candy Company, Inc.
Attn: ACCOUNTS RECEIVABLE
PO Box 28
Round Lake, MN 56167-0028
Fax: 507-945-8343

Business Name: _____
Street Address: _____
City/State: _____ Zip: _____
Bank Name: _____
Bank Phone Number: _____ Bank Fax Number: _____
Contact Person: _____
Account Number: _____

Please release this information to the undersigned for establishing an account to purchase merchandise.

Authorized Signature: _____

BOTTOM PORTION TO BE COMPLETED BY BANK

Number of Years Doing Business: _____
Balance Carried: _____
Any Non-sufficient Fund Checks In The Past Year?: _____
Any Problems With This Account?: _____

Loan Payment History: _____

Bank Name: _____
Street Address: _____
City/State: _____ Zip: _____

Signed: _____

Position: _____

Bank Stamp Here