



CAMERON GREAT LAKES, INC.

MOLECULAR FILTRATION SPECIALISTS

BANKING REFERENCES

Bank Name:	Account Number (s):
Phone Number:	Contact:

AUTHORIZATION TO RELEASE INFORMATION

I authorize _____ Bank to release any information necessary to assist in establishing a line of credit with Cameron Great Lakes, Inc..

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AUTHORIZED BY:

SIGNATURE

PRINT NAME

TITLE

DATE: _____

2335 NW 29TH AVENUE, PORTLAND, OR 97210
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EMAIL: SALES@CGLCARBON.COM