

**COD CHECK-OK ACCOUNT**

Bank Information Sheet & Release Form

Brownells, Inc., 200 South Front Street

Montezuma, Iowa 50171-1000

Office Line: 641-623-5401 -- Fax Line: 641-623-8130

*Your Source for Professional Gunsmithing Tools & Supplies*

Please Fill In The Information and Fax This Form to Brownells, Inc.

**Information About Your Bank**

|           |                      |       |                      |
|-----------|----------------------|-------|----------------------|
| Bank Name | <input type="text"/> |       |                      |
| Address   | <input type="text"/> |       |                      |
| City      | <input type="text"/> | State | <input type="text"/> |
|           |                      | Zip   | <input type="text"/> |

**Information About the Checking Account** to pay for COD shipments sent to you

|                                    |                      |
|------------------------------------|----------------------|
| Checking Account Number            | <input type="text"/> |
| Name Under Which Account Is Listed | <input type="text"/> |

**Name of Personal Banker** or an individual authorized to release your account information

|      |                      |
|------|----------------------|
| Name | <input type="text"/> |
|------|----------------------|

**Your Signature Below** will permit your Personal Banker to disclose your information. Avoid delays by personally notifying this individual that Brownells will be requesting a disclosure of their information.

**Information Release Authorization**

I hereby authorize my bank specified above to release information concerning the account listed above to Brownells, Inc. for the purpose of determining suitability of establishing a COD Check-OK Account or an open account with Brownells, Inc.

|               |                      |       |                      |
|---------------|----------------------|-------|----------------------|
| Signature     | <input type="text"/> | Date  | <input type="text"/> |
| Business Name | <input type="text"/> |       |                      |
| Your Name     | <input type="text"/> |       |                      |
| Address       | <input type="text"/> |       |                      |
| City          | <input type="text"/> | State | <input type="text"/> |
|               |                      | Zip   | <input type="text"/> |

Print This Form and Fax To Brownells, Inc. -- 641-623-8130

Remember to sign your name as this is required for bank release

