



AUTHORIZATION TO RELEASE CREDIT INFORMATION

350 Meadowlands Parkway, Secaucus, NJ 07094
Tel: 201-559-1000 Fax: 201-559-1004 www.ZTsystems.com

To: (your bank)

Regarding: (your company)

Bank contact name: _____

Phone number: _____ Fax Number: _____

Checking#: _____

Loan#: _____ Loan#: _____

(Name of Company), hereby authorizes the bank to release credit information on our account to ZT Group Inc. We are presently in the process of establishing credit with them. Please provide all necessary information and return directly to ZT Group Inc. to expedite our credit application.

Authorized Signature

Printed Name

Title

Date

THIS FROM MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED OFFICER

BANK USE ONLY:

Checking#: _____

Saving#: _____

Date Opened: _____

Date Opened: _____

Average Bal: _____

Average Bal: _____

Within Six Months Period

Within Six Months Period

Current Bal: _____

Current Bal: _____

#Of Returned Check(s) N.S.F: _____ Stopped Payment: _____ Others: _____

Loan#: _____

Loan#: _____

High Credit: _____

High Credit: _____

Terms: _____

Terms: _____

Current Balance: _____

Current Balance: _____

Comments: _____

Prepared By (Print): _____ Signature: _____ Date: _____