



Studio Group

1314 S Polk Street
Amarillo, TX, 79109
(806) 642-5199

Studio Accounts Receivable

Name of Bank: _____

Account Number: _____

Address: _____

Phone Number: _____

Fax Number: _____

YOU ARE HEREBY AUTHORIZED TO REQUEST ALL NECESSARY ACCOUNT INFORMATION FROM THE BANK LISTED ABOVE TO ASSIST IN YOUR EXTENSION OF CREDIT TO THE UNDERSIGNED.

THE SAID PERSON(S) AND/OR COMPANIES ARE HEREBY AUTHORIZED AND DIRECTED TO RELEASE SUCH INFORMATION TO YOU UPON REQUEST.

NAME

BANK AUTHORIZED SIGNATURE*

POSITION/TITLE

DATE

*THIS FORM MUST BE SIGNED BY SOMEONE WHO IS AUTHORIZED TO ACCESS BANKING INFORMATION.