

1301 S. SD Hwy. 37 - Parkston, SD 57366 Phone: (605) 928-7951 - Fax: (605) 928-7952 Toll Free: 800-658-4703 - email: sales@mdsmfg.com

MANUFACTURING Co., Inc. www.mdsmfg.com

Applicant:	
Address:	
	-
Date:	
Date	•
RE: Letter Requesting Authorization to Re	elease Credit Information
Dear,	
Thank you for your recent interest in establish	ning credit with our company.
Please sign the authorization below to release credit information and complete the enclosed form. Then submit it to us with your most recent financial statement.	
We will contact your credit and bank reference	es and then contact you regarding credit with our company.
Sincerely,	
Adreann Baumiller, Controller	
	, recently applied for credit with MDS Manufacturing. I
have been requested to provide information	concerning my credit history. Therefore, I authorize the
investigation of my credit information.	
Your release of my credit information is author	orized whether such information is of record or not. I release
you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from	
any damages resulting from providing such ir	oformation.
This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of	
my release request for your files.	
Thank you in advance for your cooperation.	
Signature:	Date:
Address:	
Telephone:	