



FINANCIAL INSTITUTION AUTHORIZATION FORM

COMPANY/PERSONAL INFORMATION			
Company/Individual Name		Parent Company Name	
Street Address		City	State Zip Code
Billing Address (if different from above)		City	State Zip Code
Telephone	Fax	Cell	Company Website
Name of Financial Institution			Branch
Street Address		City	State Zip Code
Telephone	Fax	Checking Account #	Savings Account #

Everything I have stated in this application is true and correct to the best of my knowledge. I authorize the financial institution designated above to make available to Hardware Hawaii, both now and in the future, any financial information in its possession relating to me or to the company including: account information, loan information, financial records, credit evaluations, reports prepared by credit agencies and information obtained from creditors. By signing below I agree with all of the above.

Authorized Signature _____

Print Name & Title _____

Date _____

SECTION BELOW TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

The company named above has applied for credit with us. Your bank was given to us as a credit reference and authorized to release information pertaining to this credit application. In order for us to determine their financial condition, please assist us by answering the following questions. Upon completion, please fax this form back to Hardware Hawaii, Attn: Credit Manager at 808-266-1090. If you have any questions, you may contact the Credit Manager at 808-266-1133. Thank you for your prompt response.

CHECKING ACCOUNT RELATIONSHIP

Account Opened _____

Average Balance _____

Present Balance _____

Record of Returns _____

SAVINGS ACCOUNT RELATIONSHIP

Account Opened _____

Present Balance _____

BORROWING RELATIONSHIP

	Type 1	Type 2	Type 3	Type 4
Type of Accommodation(s)				
Opening Date				
Terms				
Payment Record				
High Credit				
Present Outstanding				
# of Late Payments				

Completed By Signature _____

Print Name & Title _____

Date _____