

Authorization for the Release of Credit Information

Name of Company: _____

Name(s) on Account: _____

Account #(s): _____

I, _____ hereby request that _____
(Your Name) *(Your Bank)*

release any necessary credit information from my records to Hughes Furniture Industries, Inc. / Motion-Eaze Recliners. I also understand that I (we) will hold harmless _____ of any credit
(Your Bank)

information released by said bank whether or not the credit is in good standing or if it is adverse. By signing below, I am attesting that the above given information is true and correct to the best of my knowledge and that I (we) am (are) an authorized signer for the above named account(s).

Authorized Signature

Title

Date

Please fill out the information and fax back or e-mail to:

Terri Lynn Brown
Credit Manger
336-498-8750
tlbrown@hughesfurniture.com