



**Bank Reference Information: Main Operating Account**

Bank Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

**Authorization to Release Credit Information**

Company Name(s) as appears on the Bank Account: \_\_\_\_\_  
(Company Name)

I \_\_\_\_\_ hereby authorized \_\_\_\_\_  
(Must be authorized signer for account) (Name of Bank)

To release credit information to **Cansec Systems Ltd.** for the purpose of establishing credit on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Please, release credit information, using the form provided, on the following account type(s):

- Checking Account Number \_\_\_\_\_
- Savings Account Number \_\_\_\_\_
- Line(s) of Credit Account Number \_\_\_\_\_
- Other Account Number \_\_\_\_\_

**SIGNATURE**

PRINT FULL NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Must be authorized signer for account)

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

All information received is strictly confidential and is for Cansec’s use only.  
Please upload this completed form with Cansec Dealer/Distributor Application and Agreement  
Online Form or e-mail to: sales@cansec.ca