



FOOD SERVICE SEALS, HARDWARE, ON-SITE WELDING, & FULL SERVICE FABRICATION FACILITY

Bank Credit Inquiry

Date_____

Company: _____

Address:_____

Bank Name_____ Account #:_____

Bank Contact:_____ Phone:_____

Fax:_____ Email:_____

I, _____, as a signatory of this account, authorize
(name, please print)

_____ to release to Seal Tex, Inc. such information as is necessary and
(bank name, please print)

appropriate in the establishment for an open line of credit.

Signature of signer on bank account Printed name Title

----- Bank Use Only -----	
Date Account Opened:_____	Average Balance Maintained:_____
Line of Credit: Y N	Average Balance Maintained:_____
Number of NSF's for 12 month period:_____	
Please email your response to accounts@sealtex.com or fax it to 214-688-7710.	

8435 Directors Row Dallas, TX 75247 (214) 688-7770 Fax (214) 688-7710