



7600 N.W. 82nd Place, Miami, Florida 33166  
Tel: 305.691.3535 Fax: 305.593.7082

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**BANK REFERENCE RELEASE FORM**

*(Please print clearly or type)*

*Date:* \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Bank and Contact Person*

\_\_\_\_\_  
*Print Bank Address*

\_\_\_\_\_  
*Print Bank's Phone Number and Fax Number*

*We the undersigned company requested an Open Credit line with Quirch Foods Company of Miami, Florida. By our signature below, we authorize you to release all relevant information concerning our business relationship and our credit history with your company.*

*Signed,*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Title*

\_\_\_\_\_  
*Print Company Name*

*Print Company Address* \_\_\_\_\_

\_\_\_\_\_

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