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**SELECT LOGISTICS NETWORK INC.**

P. O. BOX 496  
CLINTON, IL  
61727

PH 217-935-6543  
800-353-9113  
FAX 217-935-0056

YOUR  
TRANSPORTATION  
SPECIALISTS

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**BANK CONFIRMATION FORM**

DATE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_  
ACCOUNT OFFICER

PHONE FOR BANK \_\_\_\_\_

FAX# \_\_\_\_\_

DEAR SIR/MADAM:

YOU ARE HEREBY AUTHORIZED AND REQUESTED TO RELEASE CREDIT INFORMATION ON THE FOLLOWING ACCOUNTS(S) TO SELECT LOGISTICS NETWORK INC. FOR THEIR CONFIDENTIAL USE IN DETERMINING OUR CREDIT WORTHINESS.

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OFFICER

\_\_\_\_\_  
NAME (PLEASE PRINT LEGIBLY)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE