



BANKING REFERENCE AUTHORIZATION

BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX _____

BANK ACCT# : _____ Type:

LOAN ACCT #: _____ Type:

This letter is written authorization for the above financial institution to release credit information to New West Oil Company for the purpose of establishing a credit account with them.

CUSTOMER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Authorized Signature: _____

Title: _____