



BANK AUTHORIZATION FORM

TO: _____

DATE: _____

Dear Madam or Sir:

Please accept this letter as written authorization to release all credit and checking information on both my business accounts to:

RIVIERA FINANCE
17 W. 415 Roosevelt Rd.
Oakbrook Terrace, IL 60181
630-627-8750 or 800-624-5390
Fax: 630-627-8757

Thank you for your cooperation and prompt attention in replying to this request for information.

Sincerely,



Authorized Client Signature & Title
(Must be authorized signature for business accounts)

Company Name

TO: BANK CREDIT DEPARTMENT

FROM: RIVIERA FINANCE

RE: _____

Business Account # _____

Personal Account # _____

The above account has given the name of your bank and a reference in applying for credit. Thank you for completing the information below and returning the completed form to the above Riviera location at your earliest convenience.

BUSINESS DEPOSIT ACCOUNT

Date Opened: _____

Ave. Balance: _____

(low, medium, high)

(three, four, five, six figures) _____

Deposit Account Satisfactory? Yes No

BUSINESS LOAN ACCOUNT

Original Account: _____ Balance: _____

Collateral: _____

Payments Current? Yes No

Opening Date: _____

Signature of Bank Representative

Title Date