



LETTER OF AUTHORIZATION

FORMELY AMOTEK/LUSA

Tower Business Park
106 Willenbrock Rd.
Oxford CT 06478
Phone 1-800-242-4777
Fax 203-262-9397

Attention Colls Corporation Sales Representative: To establish a new dealer, please submit Application for Credit, Account Set-up and Letter of Authorization.

SAVINGS ACCOUNT NO.

LOAN ACCOUNT NO.

\_\_\_\_\_

Name of Bank

\_\_\_\_\_

Contact name

\_\_\_\_\_

Address

\_\_\_\_\_

City,State,Zip

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Name of Bank

\_\_\_\_\_

Contact name

\_\_\_\_\_

Address

\_\_\_\_\_

City,State,Zip

\_\_\_\_\_

Phone Fax

CHECKING ACCOUNT NO.

LETTER OF CREDIT

\_\_\_\_\_

Contact name

\_\_\_\_\_

Address

\_\_\_\_\_

City,State,Zip

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Contact name

\_\_\_\_\_

Address

\_\_\_\_\_

City,State,Zip

\_\_\_\_\_

Phone Fax

I hereby authorize the above named bank(s) to release the requested information relative to the above named accounts to COLLS CORPORATION to enable them to grant a line of credit to my company.

\_\_\_\_\_
AUTHORIZED SIGNATURE / TITLE

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