



Vital Spring, Inc.
 1111 S. Grand Ave, Suite J1
 Diamond Bar, CA 91765
 Tel: 888-848-0266
 Tel: 909-861-1960
 Fax: 909-266-2034
 www.vitalspringherbs.com

From _____ Credit Dept.

Authorization For Credit Inquiry

Financial Institution Name and Branch address:

Contact Person: _____ Tel: _____ Fax: _____

Our Company, _____, hereby authorizes the above financial Institution to release credit information on our account to, Inc. Please provide all necessary information and return directly to Vital Spring, Inc. to expedite our credit application. This authorization shall remain effective until revoked in writing.

Account #1	_____	Account #2	_____
Address:	_____	Address:	_____
	_____		_____
Phone No:	_____	Phone No:	_____

Authorized Signature _____ Date _____

Bank Use Only:

Account No. 1

Account No. 2

Account #:	_____	Account #:	_____
Type of Account:	_____	Type of Account:	_____
Date Opened:	_____	Date Opened:	_____
Average Balance:	_____	Average Balance:	_____
Any NSF Checks:	_____	Any NSF Checks:	_____
Credit Rating:	_____	Credit Rating:	_____
Comments:	_____	Comments:	_____
Loan #	_____	High Credit:	_____
Date Opened:	_____	Current Balance:	_____
Next Due:	_____	Comments:	_____

Prepared by _____ Title: _____ Date: _____

****Please also submit a copy of voided company check