



**Bank Reference**

3814 US HWY 421 North  
Wilmington, NC 28401  
(910)763-3613 Fax: (910)251-8122  
[www.jacobihardware.com](http://www.jacobihardware.com)  
[contact@jacobihardware.com](mailto:contact@jacobihardware.com)

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

I authorize the release of information pertaining to my account(s) for the sole purpose of establishing credit with Jacobi Hardware. A facsimile of this authorization shall be valid as the original.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Loan Numbers \_\_\_\_\_

E-mail to [contact@jacobihardware.com](mailto:contact@jacobihardware.com) or fax to (910)251-8122.