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Since 1971

A CONSOLIDATED GRAPHICS COMPANY

Rush Press
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To: _____
Name of Bank

Address

City State Zip

Regarding acct. # _____ Checking / Savings

For Account Name _____

You have the authorization to release the following credit information.

Account Signature

Title

Balance: High _____ Medium _____ Low _____
Figure Account _____
Date Opened _____
Rating _____

Thank you for your assistance.

Controller