





**Advanced Safety Devices, LLC**  
 20755 Marilla Street  
 Chatsworth, CA 91311  
 Tel: 818. 701. 9200  
 Fax: 818. 701. 9220

## Authorization for Release of Credit Information

Dear financial institution,

I hereby authorize you to release account status and information to ASD® Upon their request.

Account Number: \_\_\_\_\_

Checking: \_\_\_\_\_

Checking: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_