

877-515-4522 Phone 877-595-4522 Fax

Email: <a href="mailto:sales@hailiangusa.com">sales@hailiangusa.com</a>

## **AUTHORIZATION RELEASE FORM**

l,	, hereby authorize the release of information necessary to
establish an account with Hailia	ing America Corporation
DATE//	
COMPANY:	
X	
Name	
Title	<del></del>

Please email or fax the completed form to the Hailiang America Corporation credit dept along with a copy of your W-9 and tax exempt information:

Email: sales@hailiangusa.com

FAX: (877) 595-4522



Credit Application

Please complete and fax to our office at 1-877-595-HLAC(4522) along with your W-9 and tax exempt information Credit approval may take a week or more to complete and an estimated credit amount is needed.

BUSINESS CONTACT INFORMATION					
Company name:					
Phone:	Fax:	Federal ID Number:			
Registered company address:					
City:		State:	ZIP Code:		
Date business commenced:					
Sole proprietorship:	Partnership:	Corporation:	Other:		
ESTIMATED LINE OF CREDIT NEEDED:					
BUSINESS AND CREDIT INFORMATION					
Primary business address:					
City:		State:	ZIP Code:		
How long at current address?					
Telephone:	Fax:	E-mail:			
Bank name:					
Bank address:		Phone:			
City:		State:	ZIP Code:		
Type of account	Account number				
Savings					
Checking					
Other					
	BUSINESS/TRA	DE REFERENCES			
Company name:					
Address:					
City:		State:	ZIP Code:		
Phone:	Fax:	E-mail:			
Type of account:					
Company name:					
Address:					
City:		State:	ZIP Code:		
Phone:	Fax:	E-mail:			
Type of account:					
Company name:					
Address:					
City:		State:	ZIP Code:		
Phone:	Fax:	E-mail:			
Type of account:					
The above information is submitted for the purpose of opening an account with Hailiang America Corporation. I hereby certify this information to be true and accurate. My signature also authorizes their trade references to release credit information for this application					
Signature:		Title: Date:			

Email: sales@hailiangusa.com