



BANK INFORMATION RELEASE AUTHORIZATION

I hereby authorize the release of banking information to the Placid Refining Company LLC for credit determination purposes.

To secure your financial information, please return by one of the following methods. Sending sensitive information via any other method may result in a breach of security.

FAX: 844-847-0898
EMAIL: prccredit@placidrefining.com
MAIL: Placid Refining Company LLC
1940 LA Hwy 1 North
Port Allen, LA 70767

NAME OF COMPANY _____

Street Address _____

City, State, Zip Code _____

Tax Identification Number _____

NAME OF BANK _____

Street Address _____ Branch _____

City, State, Zip Code _____

Bank Contact Person _____ Phone _____

Email _____

Loan (s) Account Number (s) _____

Line of Credit Account Number (s) _____

Name / Title (Please Print)

Authorized Signature