

To:

Name: _____
 Address: _____

 Phone: _____ Fax: _____

From:

Name: _____
 Address: _____

 Phone: _____ Fax: _____

RE:

Name: _____

The person listed above has indicated that he or she has an open account at the above named company. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I hereby authorized the release of the requested information. Information obtained under this document is confidential and will be used solely for the purpose of determining eligibility for occupancy.

Signed _____ Date _____

Number of Shares	Name of Corporation	Total Annual Dividends	Estimated Cost to Sell	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Authorized Representative _____

Title _____ Date _____

Phone _____ Fax _____