

## **Consent to Release Financial Statement**

I, \_\_\_\_\_\_, authorize the institution, listed below, to release my most recent Financial Statement and tax returns upon request, at any time, now or in the future for use in establishing, renewing, or increasing credit privileges for product purchases from Munson Lakes Nutrition LLC.

| Institution N | lame: |  |  |  |  |
|---------------|-------|--|--|--|--|
|               |       |  |  |  |  |

Loan Officer/Credit Manager: \_\_\_\_\_

Institution City and State: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Signature

Customer's Name: \_\_\_\_\_

**Please Print**