

Case Part Company
On-Line Accounting Authorization Release

Company Name _____
and Address _____

Case Parts Account _____

Employee Name _____
Case Parts User ID _____

Employee Name _____
Case Parts User ID _____

Employee Name _____
Case Parts User ID _____

As an appropriate representative of the company identified above, I hereby authorize Case Parts Company to make all Accounts Receivable information regarding this company, including aging and collection detail, available on-line to the employee(s) listed above.

Signed _____ Date _____
Print Name _____
Title _____



CasePartsCompany

Completed Release may be faxed to (323) 263-1210 or eMailed to Pam Salgado at
pams@caseparts.com. Thank you.

[] PG
[] CLM