

BANK AUTHORIZATION STATEMENT

Customer Name: _____

Address: _____

City, State, Zip: _____

We hereby authorize BlueLinx Corporation to contact the bank reference listed below and we authorize the bank reference to release the requested information.

Bank Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _ _____

Fax: _ _____ **ACCOUNT#**_ _____

Customer signature: _____ **Date:** _____

Please return this form by fax to **770-221-8888**. Thank you for your prompt response.

Best regards,

Credit Department
BlueLinx Corporation
4300 Wildwood Parkway
(770) 953-7000

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