

**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#**\_ \_\_\_\_\_

**Email -**

**Customer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form by email to [BlueLinxCorporateCredit@BlueLinxCo.com](mailto:BlueLinxCorporateCredit@BlueLinxCo.com) or fax to **770-221-8888**. Thank you for your prompt response.

Best regards,

Credit Department  
BlueLinx Corporation  
(770) 953-7000

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