Granite Knitwear dba Cal Cru



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Fax: 1-704-279-8205

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By

Bank Name	·	Date
Address		
City, ST, Zip		
Contact Person	and the same of th	
PH/ext:		
Fax		
To Whom it may concern:		
would like to accommoda	s is requesting to open an account on a compar te this request as quickly as possible. However, to pay promptly needs to be determined.	ny check basis. We a determination on
If at all possible we would be held in the strictest of c	appreciate your sharing with us the below information confidence.	mation. Your reply wil
Please fax your response calcru@mindspring.com	back to Cal Cru at 704-279-8205 or e-mail us at	
Sincerely		
Customer Service Departr	ment	
•	Depository Account	,
Customer's (and or Comp	pany	
Customer's Authorization	signatureDate):
Account number	Date Account opened	
Average Balance:		
Account is satisfactory or	unsatisfactory	
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Date received : ______If approved High Amount_