

@mpec Micro Inc.

20311 Valley Blvd.. # I , Walnut, CA 91789 Tel: (909) 594-8676 Fax: (909) 594-8656

(A) TO CUSTOMER (FOR CUSTOMER USE ONLY)

AUTHORIZATION TO SECURE BANK INFORMATION

Company Name: _____

Company Address: _____

Bank Name: _____ Contact : _____

Bank Address: _____

Bank Phone: _____ Fax No.: _____

Bank A/CS: Checking # _____ Savings # _____

Authorized Signature _____

Print Name _____ Title _____

** Please Attach A Copy of **Voided Check** With This Form **

(B) TO BANK (FOR BANK USE ONLY)

BANK REFERENCE REQUEST FORM

Date Account(s) Opened ____/____/____

A/C Average Balance _____

High Balance _____ Low Balance _____

Return Items _____

Line of Credit: _____ Outstanding Balance: _____

A/C has been handled : _____ Excellent _____ Satisfactory _____ Unsatisfactory

Remarks _____

Prepared By _____ Date _____

** Kindly fax back to us at the fax number listed above. Thanks! **