



47929 Fremont Boulevard  
 Fremont, CA 94538  
 Tel: 510.623.2341  
 Fax: 510.623.2342

**BANK INFORMATION RELEASE LETTER**

The information requested will be handled in confidential manner. Please fill out the top portion above the dark black line and return to BITMICRO NETWORKS, Inc. BITMICRO NETWORKS, Inc. will then contact your bank to obtain your account information.

I hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
 Bank Officer (Required) Bank Name (Required)

at \_\_\_\_\_  
 Telephone Number (Required) Fax Number (Required)

to release information on the Corporation's account \_\_\_\_\_  
 Corp.'s Name (as it appears on your bank statement)

Account Numbers \_\_\_\_\_  
 (The account(s) that you are authorizing BITMICRO NETWORKS, Inc. to obtain information from.)

Further, I authorize the deduction of a nominal fee charged by the bank to provide the above information from \_\_\_\_\_  
 (Account Number (Required))

\_\_\_\_\_  
 Signature of Authorizing Officer (Required) Title (Required)

\_\_\_\_\_  
 Please Print Name (Required) Date (Required)

**THE BANK WILL COMPLETE THE INFORMATION BELOW THIS LINE**

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Average Balance (Please check one)  
 Low  Medium  High

Average Balance (Please check one)  
 Low  Medium  High

Account Balance (Please select one)  
 3  4  5  6  7

Account Balance (Please select one)  
 3  4  5  6  7

Comments \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_ Bank Officer Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_