



Please complete and returned signed copy to Macrotron via fax at (510) 651-6922.

## Bank Authorization To Release Credit Information

<b>To: (Applicants):</b>		
Bank Name	Branch	TEL
		FAX#
Address		
City	State	Zip
Attention: (Bank Contact)		

<b>From ( Applicant's Name and Address)</b>
Account Number(s)

We have applied for a Commercial Account w/ Macrotron Systems, Inc.  
 This hereby authorizes you to give them a credit  
 rating on our Deposit and Loan Accounts maintained by you.

Authorized Name (Printed)	
Authorized Signature	Date

### For Bank Use Only

	Date Started	Average Balance	Comment		
Checking					
Savings					
Money Market					
	Balance	Secured	Line of Credit	Commercial/Personal	Installment
Loans		Yes / No			
Comment					

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date