



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

Bank Authorization

To Release Credit Information

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

From (Applicant's Name and Address)					
Account Number(s)					
<p>We have applied for a Commercial Account w/Macrotron Systems, Inc.</p> <p>This hereby authorizes you to give them a credit rating on our Deposit and Loan Accounts maintained by you.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Authorized Name (Printed)</td> </tr> <tr> <td style="width: 70%;">Authorized Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Authorized Name (Printed)		Authorized Signature	Date
Authorized Name (Printed)					
Authorized Signature	Date				

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

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name and Title	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date