

## **Bank Reference**

## To be completed by company representative

C2 Wireless Account #:	
Company Name:	
Company Address:	
City	StateZip
Bank Name	ABA/Routing Number
Account Number (#1)	Account Number (#2)
Bank Street Address:	
City	State Zip
Bank Phone NumberB	Bank Fax Number
Please release the information requested below co	oncerning my account(s):
Authorized Signature	Date:
To be completed by	bank representative
Account #1: Account #:	Date Opened:
Type of Account:   Checking   Savings   Loar	n 📮 Line of Credit (available credit) \$
Current Balance: Average Balance:	Payments: 🗖 Prompt 📮 Slow (Days)
NSF? (for checking) • No • Yes (Date)	Secured? (for loans) 🖵 Yes 🖵 No
Account #2: Account #:	Date Opened:
Type of Account:   Checking   Savings   Loan	n 📮 Line of Credit (available credit) \$
Current Balance: Average Balance:	Payments: 🗖 Prompt 🗖 Slow (Days)
NSF? (for checking) 🗖 No 📮 Yes (Date)	Secured? (for loans) 🖵 Yes 🖵 No
Bank Representative Signature	Date:
Bank Stamp:	Most banking institutions now require a client 's written consent before they will release any information about an account. To ensure speedy processing of your request for an open account, please have your bank complete Section II and fax or mail response to:
	<b>C2 Wireless</b> 17852 E 17 <sup>™</sup> Street #205. Tustin, CA 92780
	<b>(714) 475-0472 Fax</b> (714) 829-1660 Phone