



Bank Reference

To be completed by company representative

C2 Wireless Account #: _____

Company Name: _____

Company Address: _____

City _____ State _____ Zip _____

Bank Name _____ ABA/Routing Number _____

Bank Street Address: _____

City _____ State _____ Zip _____

Bank Phone Number _____ Bank Fax Number _____

Please release the information requested below concerning my account(s):

Authorized Signature _____ **Date:** _____

To be completed by bank representative

Account #1: Account #: _____ Date Opened: _____

Type of Account: Checking Savings Loan 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 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:** _____

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:**

C2 Wireless

1295 S. Lewis St.,
Anaheim, CA 92805

(714) 475-0472 Fax
(714) 829-1660 Phone