



Bolide Technology Group, Inc.

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Phone: 909-305-8889 FAX: 909-305-0999

BANK REFERENCE AUTHORIZATION

DATE: _____

CUSTOMER NAME: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK TEL.: _____

ACCOUNT NUMBER: _____

To Whom It May Concern:

Orders have been placed with us by above listed customer. They have also given your bank as a direct reference.

We would appreciate you providing the information requested in the space below, which is provided for your convenience, or you may prefer to use your own letterhead.

All information will be kept confidential and is strictly for our own files. Thank you very much for your cooperation.

FOR BANK USE ONLY

1. Date Account Opened _____

2. Average Balance Maintained _____

3. History of NSF Checks: ____ Yes ____ No How many _____

4. High Credit Extended _____ Line of Credit _____

Secured? ____ Yes ____ No How _____

5. Current Loan Amount (if any) _____

6. General Remarks _____

X _____
Customer Authorized Signature

Title

Financial Institution Authorized Signature