



**Acronova Technology Inc.**  
 2227 US Highway 1, #300  
 North Brunswick NJ 08902

Phone: 732-422-1868  
 Fax: 732-422-9296  
 Web: [www.acronova.com](http://www.acronova.com)

**BANK AUTHORIZATION**  
 To Release Credit Information

To:

<b>Bank Name</b>		<b>Branch</b>	<b>Date</b>
<b>Attention (Bank Contact)</b>	<b>Phone</b>	<b>Fax</b>	
<b>Street Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>

From:

<b>Name:</b>		
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Account Number(s)</b>		

\*We have applied for a Commercial Account with Acronova Technology, 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**

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

**Authorized Name (Printed)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_