



Quality One
WIRELESS

1500A Tradeport Drive
Orlando, FL 32824
Phone 407-857-3737
Fax 407-857-3747

Please Fax To Your Bank

Upon Completion Your Bank

May Fax To (407) 857-3747

BANK REFERENCE

To _____ Date _____
(Bank Name)

Attn: _____ Phone _____ Fax: _____

Dear Bank Officer:

Our company is processing an account with Quality One Wireless Inc. We hereby authorize you to furnish them any bank and/or credit information regarding our accounts(s) with you so that they can Evaluate our company. Your prompt response to this request will be appreciated.

COMPANY

AUTHORIZED SIGNATURE

BANK ACCOUNT NUMBER

BANK VERIFICATION (TO BE COMPLETED BY BANK)

Company Name _____

Name of Officer(s) _____

Type of account(s) _____ Payroll _____ Checking _____ Petty Cash _____ Other _____

Date Opened _____

Average daily balance _____

Credit Line available and/or in use _____

Non-Sufficient fund checks _____ none _____ yes How many? _____

Verified By _____ Title _____ Date _____