



iGoLogic, Inc.
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To: _____

Attn: **Credit Rating**

Checking Account#: _____

Account Name: _____

Saving Accounting#: _____

Authorized Signature: _____

Fax: _____

Print Name & Title: _____

Tel: _____

Date: _____

This is to authorize the undersigned bank(s) and vendor(s) to release account information to iGoLogic, Inc. for credit rating purpose.

The above account has given its bank name as a Credit Reference. We would appreciate if you would provide the credit information with us by filling in the information requested below. Please rest assured that all information provided will be kept strictly confidential.

Thank you for your help and prompt attention to this request.

Sincerely,

Accounting Department

Account since: _____

Loan relationship: Yes _____ No _____

Current balance: _____

Line of credit: _____

Average balance: _____

Open date: _____

N. S. F. checks? Yes _____ No _____

Secured? Yes _____ No _____

How many (if yes): _____

Outstanding balance: _____

Rating: _____

Remarks/Comments: _____

Completed by: _____

Date: _____

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