3515 NW 114 Avenue Doral, FL 33178
Tel. (305) 594-5725 . Fax. (305) 592-0737
www.wisecomputer.com

BANK CREDIT INQUIRY

DATE (fecha):_____

Bank Name (Nombre del Banco) _____Attention (Atención):_____
Address (Dirección): _____
City (Cuidad):_____State (Estado) _____Country (País) _____
Phone(Teléfono):_____Fax#:_____E-mail: _____

Company (Empresa)_____ Account (Numero de Cta):_____
Address (Dirección):_____
City (Cuidad)_____State(Estado) _____Country (Pais)_____

The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes all parties Contacted to release all credit and financial information requested, including banking records.
_____ Garantizo que esta informacion es correcta y verdadera y que sera utilizada exclusivamente para fines de credito. De igual manera autorizo a otorgar toda la informacion aqui requerida, incluyendo nuestros records bancarios.

Authorized signature (Firma autorizada)_____ Date (fecha)_____

Name (Nombre)_____ Title (Titulo)_____

FOR BANK USE ONLY:
Dear Bank Officer:
The above captioned company has applied for an open line of credit with The Wise Computer, INC. in the amount of $ _____ .
We appreciate your assistance in providing the following information:

	Checking	Savings	Other
Open Date	_____	_____	_____
Average Balance	_____	_____	_____
Current Balance	_____	_____	_____
No. of NSF's	_____	_____	_____
Accounting Rating	_____	_____	_____

Credit Line: _____Yes _____No Secured: _____Yes_____ No _____Account Type:_____
Open Date:_____ Credit Limit: _____Current Balance:_____ Maturity Date:_____
Comments:_____
PreparedBy:_____Date:_____
PrintName:_____Title:_____

Thank you, _____Credit Department.

FAX: (305)592-0773