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Verification of Deposit Consumer Account Ratings

For faster processing, please complete the form on your computer before printing.

This form is for companies requesting consumer deposit account rating information in order to establish a line of credit. Please complete the form including the customer authorization signature and follow the procedures at www.wellsfargo.com/biz/vod. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

A S I C O M P U T E R T E C H N O L O G I E S I N C

Company Name

C R E D I T D E P A R T M E N T

Attention

1 9 8 5 0 E . B U S I N E S S P A R K W A Y

Street Address

W A L N U T

City

C A

State

9 1 7 8 9

Zip

Requester Email (optional)

9 0 9 - 4 4 4 - 8 0 0 0

Requester Phone Number

9 0 9 - 4 4 4 - 8 0 7 6

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Account Number(s) grid

Month / Day / 20 Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requester on my deposit accounts above: Account Number, Account Type, Open or Closed, Account Holder(s), Open/Closed Date, Current Interest Rate and Average 12 Month/Closing Balance in Figure Form. In addition CDs and IRAs will include Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date