



jWIN Electronics Corporation

2 Harbor Park Dr. Port Washington, NY 11050

Tel: 516-6267188 Fax: 516-626-7107

BANK RELEASE

Bank Name: _____

Address: _____

Dear Sir or Madam:

As part of my credit application dated _____, I hereby authorize any bank which I have listed on my credit application and to which you present this letter, to release to you all information pertinent to average balances, loans, unsecured and secured, and any other information which you feel is necessary to evaluate my application for credit purposes.

Very truly yours,

AUTHORIZED SIGNATURE

TITLE

DATE

ACCOUNT NAME

BANK ACCOUNT NUMBER(S)