

**CONTINENTAL FARMS
BANK AUTHORIZATION FORM**

I, THE UNDERSIGNED, AN OFFICER OF _____,
AUTHORIZE YOU TO PROVIDE *CONTINENTAL FARMS, INC.* WITH THE INFORMATION
REQUESTED BELOW REGARDING OUR ACCOUNT.

SIGNATURE OF COMPANY OFFICER

TITLE

.....
FOR BANK OFFICER USE

FIRM OR COMPANY NAME

ACCOUNT NUMBER

DATE ACCOUNT OPENED: ____ / ____ / ____

AVERAGE MONTHLY
BALANCE: \$ _____

TYPE OF ACCOUNT: _____

ACCOUNT STATUS/RATING: _____

x _____
SIGNATURE OF BANK OFFICER

.....
Thank you in advance for your prompt attention to this request. Please fax this form back to my attention at
(305)-591-0615 for processing.

Regards,

Darren Nacht
CFO

.....
1800 NW 89th PLACE MIAMI, FL 33172 PHONE (305) 591-8886 TOLL FREE (800)-877-4065