CONFIDENTIAL BANK REFERENCE RELEASE FORM

07/25

BANK REFERENCE RELEASE FORM REQUEST	
COMPANY NAME	TODAY'S DATE
ACCOUNT OWNERS' NAME	TITLE
REQUIRED INFORMATION BY OWNER	
BANK/CREDIT UNION NAME	
ACCOUNT #	ACCOUNT #
ACCOUNT #	ACCOUNT #

Dear Bank Officer,

I, , authorize you to release credit information about my account standing, credit line and payment history to Shiflet & Dickson LLC to be used explicitly for the establishment of an open account and credit line.

SIGNATURE: _____ DATE: _____

* PLEASE HAVE YOUR BANK/CREDIT UNION COMPLETE THIS FORM IF YOU ARE APPLYING FOR A **NET OR COD CHECK ACCOUNT**. PLEASE FAX THIS BANK REFERENCE RELEASE FORM BACK TO: 1-800-440-9411.

The above customer has given your bank/credit union as a reference. Please supply us with the following information and return it to us as soon as possible.

DATE BUSINESS ACCOUNT OPENED | DURATION OF RELATIONSHIP
DO YOU REQUIRE A MINIMUM BALANCE FOR A BUSINESS ACCOUNT? | ☐ YES | ☐ NO | IF YES, BALANCE REQUIRED AMOUNT.
TYPE OF ACCOUNTS CURRENTLY HELD? | CHECKING ☐ | SAVINGS ☐ | LOAN(S) ☐
DEFAULT ON ANY LOANS | YES ☐| NO ☐ | IF YES, WAS IT WITHIN 24 MONTHS | YES ☐ | NO ☐
NSF CHECKS | YES ☐ | NO ☐ | IF YES, WAS IT WITHIN 24 MONTHS | YES ☐ | NO ☐
COMMENTS

COMPLETED BY	
TITLE	DATE

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