



Bank Reference Release Form

Most banking institutions now require a client's written consent before they will release any information about an account. To ensure speedy processing of your request for an open account kindly return this form to:

TOP DOG TEST, ACCOUNTING DEPARTMENT
27732 Industrial Blvd., Hayward, CA 94545
Phone: 510-324-3001, Fax: 510-740-0916
Email: sales@topdogtest.com

Please release the information requested concerning my bank account(s).

Company Name

Company Address

Authorized Signature

Date

Printed Name

Title

Bank Name

Bank Account Numbers: _____ Operating Account

_____ Investment Account

_____ Money Market

Street Address

City

State

Zip

Bank Contact Name

Bank Phone Number

Bank Fax Number

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