



**AUTHORIZATION TO RELEASE BANK INFORMATION**

I hereby authorize each of TAP Worldwide, LLC and any of its subsidiaries and/or affiliated entities to receive any and all information and/or documentation related to my banking relationship with the financial institution(s) and account(s) set forth below:

**Bank/Branch:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Address/Branch

Contact Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Type of Business Account  
\_\_\_\_ (Checking)      \_\_\_\_ (Saving)  
\_\_\_\_ (Overnight Clearing)      \_\_\_\_ (Other)  
\_\_\_\_ (Line of Credit)

*All information received from any and all of Applicant's banking institutions will be held strictly confidential and will only be used to verify that Applicant has a valid account in good standing with a particular banking institution.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

\*\*\* APPLICANT - DO NOT WRITE BELOW THIS LINE \*\*\*

TO BE COMPLETED BY FINANCIAL INSTITUTION ONLY  
(Email back to arcredit@4wp.com)

Name of Institution: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Highest Balance: \$ \_\_\_\_\_