

To use the Fax a Check method of payment, please follow these instructions.

1. Complete the Authorization Form (attached) entirely.
2. Fax the Authorization form to 866-728-7117.
3. Fax the invoices that will be paid on the Fax a Check.
4. DO NOT mail the check.

If you have any questions, please contact Charles Aman at 214.381.2200 x 2246 or
via email at caman@dwdistribution.us.

Electronic Authorization Form

1. **I Certify**, that I am a signer on the account listed below with the authority to grant this authorization on behalf of _____ (“Company/Customer”).

Type of Account: Business Personal

ABA#:

Account#:

2. **I Certify** that DW Distribution Inc. or any of its agents (“Dallas Wholesale”) is authorized to debit the account for the sale amount via draft (“ACH”) or other electronic funds transfers (“EFT”) as follows:

<input type="checkbox"/> ONE TIME AUTHORIZATION
Amount: \$ _____
Check#: _____

<input type="checkbox"/> RECURRING AUTHORIZATION
Max Amount: \$ _____
Frequency: _____

- 3. **I, Certify** that Company/Customer’s Bank is hereby requested, authorized and directed to honor and to treat as authorized, checks, ACHs, EFTs or other money drawn in Company/Customer’s name in accordance with this authorization.
- 4. **I, Certify** that in the event that any such item is returned unpaid, Company/Customer agrees to pay an item fee of \$25.00, plus any applicable taxes via ACH, EFT or otherwise without further authorization.
- 5. **I, Certify that** this authorization shall remain in full force and effect and the authority herein given to DW Distribution, Inc. shall remain irrevocable until DW Distribution, Inc. receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

IF COMPANY/CUSTOMER

Signed: _____

Name: _____

Title: _____

Date: _____

Email: _____

IF INDIVIDUAL:

Signed: _____

Name: _____

Title: _____

Date: _____

Email: _____