

APPLICATION FOR CHECK ACCEPTANCE

THIS APPLICATION MUST BE FILLED AND SUBMITTED BEFORE YOUR CHECKS CAN BE
ACCEPTED AS PAYMENT FOR ORDERS SHIPPED TO YOUR COMPANY

Company Name		
Contact Person		
Address 1		
Address 2		
City		State
		Zip
Phone #	Cell #	Other Phone #
Fax #	Email	Website

Ownership & Tax Status:

Name of Business Owner	Incorporated (Yes or No)
Number of Years in Business	Sales Tax ID Number
Federal (EIN) Number	Do you own the building you operate from?

Bank Authorization (To Release Information About Your Account):

Account Name	Account Number
Bank Name	
Bank Address	
Bank City/State/Zip	
The undersigned hereby authorizes the bank listed above to release historical information regarding the account named above to Express Window Films for the purpose of having checks accepted as payment for orders shipped	
AUTHORIZED SIGNATURE ON ACCOUNT X	

Personal Guarantee:

I, the undersigned, hereby personally guarantees any and all checks written to Express Window Films as payment for goods shipped, should any checks be dishonored for any reason whatsoever by my bank. In the even of a lawsuit for collection, I agree to pay reasonable attorney fees and court costs incurred by Express Window Films as well as all collection agency fees incurred.
SIGNED X

Note: Depending upon your bank's cooperation and policies, allow 7-10 business days for processing. In the event that your bank does not honor our request for account information, we will not be able to accept your checks.

Send Completed Forms To: Express Window Films ♦ 82 Mill Plain Road ♦ Danbury, CT 06811
or Fax (203) 798-2253