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FOODLINX@LIVE.COM



Experience the Difference

ELECTRONIC FUNDS TRANSFER OPTION

AUTHORIZATION AGREEMENT FOR FOODLINX, INC. TO INITIATE CREDITS

This form authorizes direct deposits of net payments to financial institutions to which payment is to be directed with respect to purchases of goods and services.

VENDOR INFORMATION

| | | |
|----------------|-----------------------------|-----------------|
| VENDOR NAME | FEDERAL TAX ID NUMBER (FTN) | |
| VENDOR ADDRESS | CITY/STATE | ZIP |
| VENDOR PHONE | VENDOR FAX | VENDOR AR EMAIL |

VENDOR BANK INFORMATION

| | | | | | | | |
|------------------------------|--|--------------------------|---------|--------|--------------------------|--------------------------|--------------------------|
| ROUTING TRANSIT NUMBER (RTN) | ACCOUNT NUMBER (ACN) | | | | | | |
| ACCOUNT TITLE | <table><tr><td>CHECKING</td><td>SAVINGS</td><td>CREDIT</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | CHECKING | SAVINGS | CREDIT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHECKING | SAVINGS | CREDIT | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| BANK NAME | BANK TELEPHONE NUMBER (Include Area Code) | | | | | | |
| BANK ADDRESS | CITY/STATE | ZIP | | | | | |

PLEASE PROVIDE AN ACCEPTABLE FORM OF DOCUMENTATION

| | | |
|---------------------------|---------------------------|--------------------------|
| VOIDED CHECK/DEPOSIT SLIP | COPY OF ACCOUNT STATEMENT | OTHER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I (we) hereby authorize FOODLINX, INC to initiate credit deposits/entries to the above stated ACCOUNT and BANK to credit such account. I (we) agree to verification of ACCOUNT and BANK by FOODLINX, INC in the form of direct contact and 'PRENOTE' test.

ACCEPTED:

| | | |
|----------------------------------|-----------------------------------|------|
| Signature of Authorized Official | Print Name of Authorized Official | Date |
|----------------------------------|-----------------------------------|------|

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