

SECURE PAYMENT AUTHORIZATION (UPFRONT PAYMENT ACH)- DELCO INNOVATIONS, LLC.

COMPANY PROFILE

Legal Company Name: _____

DBA: _____

Shipping Address: _____
(ADDRESS LINE 1) (STE OR UNIT NUM.)

(CITY, STATE, ZIP)

Billing Address (if different than shipping): _____
(ADDRESS LINE 1) (STE OR UNIT NUM.)

(CITY, STATE, ZIP)

BILLING CONTACT

Accounts Payable Contact (First/Last): _____

Accounts Payable Phone: _____ Accounts payable email: _____

BANK INFORMATION

Name on Account: _____

Account #: _____

Routing #: _____

Account Phone #: _____

Account Type: _____

GUARANTY

To induce Delco Innovations, LLC. & Trend Medical, LLC. to sell goods to the applicant, the undersigned agrees to the above terms, which are herein incorporated and personally guarantees and agrees to pay, when due. Upon demand, the total amount of any indebtedness, including attorney fees and costs incurred for collections, owed to Delco by the applicant in connection with such sales.

GUARANTORS SIGNATURE DATE PRINTED NAME OF GUARANTOR SS #

GUARANTORS SIGNATURE DATE PRINTED NAME OF GUARANTOR SS #

AUTHORIZATION CONSENT

Consent: I certify that I am an authorized user of this credit card/bank account and will not dispute the transactions with my bank or credit card company, provided the transactions correspond to our contractually established payment terms and orders placed.

ACCOUNT HOLDER SIGNATURE ACCOUNT HOLDER PRINTED NAME DATE