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BLANKET AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT(S) (ACH)
ACH APPLICATION PAGE 1 OF 1

Business Name _____ BHC Cust # _____

City _____ State _____ Zip _____

Cell Phone _____ Business Phone _____ Fax Number _____

Email Address _____

Corporation, State of _____ Partnership Sole Proprietorship Limited Liability Corporation

TERMS AND CONDITIONS

There is a \$4.00 charge for each ACH transaction. All goods and merchandise are the property of Bill Hicks & Co., Ltd. until payment is made. Returned ACH presentments or checks shall be subject to a service charge of \$30 and a finance charge of 1.5% per month on past due amounts. In the event customer's account is referred to a collection agency or attorney for collection, customer agrees to pay all costs of collection including legal fees, collection fees, post-judgment interest and court costs. *Applicant warrants that it maintains a distinct retail sales facility including stocking of inventory and is in compliance with all Federal, State, and Local firearms, zoning, and related laws.* The undersigned authorizes release of all credit information requested by Bill Hicks & Co., Ltd.

Name on Bank Account _____

Bank Name _____ Bank Phone Number _____

City _____ State _____ Zip Code _____

Bank Account _____ ABA Transit # _____

INCLUDE COPY OF A VOIDED CHECK ON SEPARATE PAPER

This authority is to remain in full force and effect until Bill Hicks & Co., Ltd. and bank have received written notification of its termination from you. The written notification must be in such time and in such manner as to afford Bill Hicks & Co., Ltd. and bank a reasonable opportunity to act on it.

All signatures required for drafts to bank account are required.

Name (printed) _____

Signature _____ *Digital, eSignature and computer generated not accepted* Date _____

Name (printed) _____

Signature _____ *Digital, eSignature and computer generated not accepted* Date _____

Your signature(s) via fax indicates adherence to the terms and conditions of this agreement.