

**CHECK APPLICATION**

**McCreary's Tees**

**4121 E. Raymond Street**

**Phoenix, Az. 85040**

**Phone: 602-470-4200 Toll Free: 800-541-1141 Fax: 602-470-4207**

Company name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Owners/Partners/Officers** Structure: Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor \_\_\_\_ LLC

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN #: \_\_\_\_\_ or State DL#: \_\_\_\_\_ **(One is required)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN#: \_\_\_\_\_ or State DL#: \_\_\_\_\_ **(One is required)**

**Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.**

I (we) authorize McCreary's Tees to electronically debit my (our) account.

I attest that all of the above information is true and correct and I authorize my bank to release the funds requested by McCreary's Tees from our account. I understand that a \$30.00 charge will be assessed for any check returned, for any reason. I understand I may revoke ach payment processing at any time.

Authorized Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:** Date \_\_\_\_\_ Approved \_\_\_\_ Declined \_\_\_\_ Initials \_\_\_\_\_

Notes \_\_\_\_\_