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PARIS, TN 38242
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RECURRING ELECTRONIC CHECK AUTHORIZATION

Customer # _____ Date: _____

Business Name: _____

TO: Four Seasons Sales and Service, Inc.
2505 East Wood Street
Paris, Tennessee 38242

I/We the undersigned, authorize Four Seasons Sales and Service, Inc. to initiate charges on the below described account for future orders until I/We notify Four Seasons in writing to withdraw this authorization. I/We hereby agree to pay all charges without dispute.

Account Holder Name: (as printed on check): _____

Account Holder Address: (as printed on check): _____

Name of Person Authorizing: _____

Phone Number: _____ Email Address: _____

Bank Routing Number: _____

(ALWAYS nine digits, normally the first numbers at the bottom of check)

Checking Account Number: _____

CHOOSE OPTION 1 OR 2 BELOW

For the protection of our customers, we allow a customer to set a password which must be provided at the time of each order. The customer may designate the credit card or bank account used for each transaction. However, the password will be the same for customers who wish to keep credit cards or electronic checks on file. Therefore, if you have already established a password for your Four Seasons account, please choose Option 1 and sign and date. If you do not have a password and would like to create one for your account, please choose Option 1 and complete the information requested.

1. ___ I/We hereby assign the following password to be given at the time of each order and release Four Seasons Sales and Service, Inc. from any and all liability from charges initiated with the use of this password. I/We understand it is my/our sole responsibility as to the security and authorized users and use of this password for all orders to Four Seasons Sales and Service, Inc.

Password: _____
Signature(s) _____ Date _____
Signature(s) _____ Date _____

2. ___ I/We hereby elect to not password protect this account. I/We assume all liability for use of this card and hereby release Four Seasons Sales and Service, Inc. from any and all liability from charges initiated on the described credit card.

Signature(s) _____ Date _____
Signature(s) _____ Date _____

Office use only

Sales Rep. _____ Date _____ Manager _____ Released By _____