

Billing Address: **SUBTECH**, PO BOX 6468, Lee's Summit, MO 64064

Office/Warehouse: SUBTECH, 2301 NE Independence Ave, Lee's Summit, MO 64064



SUBTECH

Website
SUBTECH.COM

Phone 816-795-9955

Fax 816-795-9966

Toll Free 888-358-8400

cservice@subtechnologies.com

PRE-AUTHORIZED ACCOUNT PROGRAM

The following information, which the undersigned warrants to be true and correct, will be used to draft funds from the undersigned's bank account for payment of invoices. This information is confidential

1. Business Name _____

2. Address _____
Street City State Zip

3. Phone _____ Fax _____

4. Approved Purchaser(s): _____

5. Password for Purchasing: _____
(To authorize draft from Account) (Not required)

To draft out of your account:

ABA Routing No. _____

Account No. _____

Bank Name _____

Name(s) on Bank Account _____

Bank Account Type _____ Checking _____ Business Checking _____ Savings

6. The management of Public Kitchen Supply may, at their discretion, establish a fee for any customer transactions which are returned for non-sufficient funds or are dishonored for any reason.

7. The undersigned acknowledges that all accounts are due and payable according to the terms stated on the invoice; and agrees to remit payment in accordance herewith.

8. In the event the undersigned's account becomes delinquent, all orders will be held until the delinquency is paid in full. The undersigned further acknowledges that the foregoing payment terms are subject to change without notice.

9. Submitted this _____ day of _____, _____.

10. _____

Print Account Owner's Name Signature of Account Owner

(Must be signatory on the Bank Account to be used)

Please fax filled out form to: 816-795-9966