

**SALVAGE DIRECT, INC.**  
**CHECK AND/OR ACH DEBIT ACCEPTANCE AGREEMENT**

**Terms and Conditions:** I authorize Salvage Direct, Inc. to verify the following information by contacting credit reporting agencies, business references, and my banking institution. I accept full responsibility for any checks issued to Salvage Direct that are not honored by my bank. Within two (2) days notice from Salvage Direct of a dishonored check or ACH Debit, I will arrange for a replacement Cashier's Check or money order for the original amount, plus Salvage Direct's NSF fee, and I will be responsible for all collection costs including legal fees. Further, I understand that Salvage Direct may revoke my check writing and ACH Debit privileges at any time.

(Please type or print this Form.)

Date: \_\_\_\_\_ Buyer Number: \_\_\_\_\_

**I. Company Information**

Company Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

How long in business: \_\_\_\_\_ At this address: \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Business Type: \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Owner \_\_\_\_\_ Corp. \_\_\_\_\_ Non-Profit

**II. Bank Information**

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**III. Owner/President Information**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Corporate Use Only**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Limits: \$ \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_