

District Credit Office
Hajoca Corporation
LCR-M Limited Partnership
Moore Supply Company
The Bath & Kitchen Showplace
Jahns Supply Company
P O Box 448
Conroe, TX 777305-0448
936-756-4445

Authorization for Check by Fax/Phone/E-Mail

Date:

From: _____

Address: _____

Phone #: _____

D/L#: _____

To: District Credit Manager:

Permission is granted to charge my bank account per the check that accompanies this authorization on the following:

_____	_____	\$ _____
Check#	Payable to:	Amount

Signature-Title

Print Your Name

Note: Please remember that the purpose of your faxed check is to provide us with the correct information to create an accurate check, and for you to retain a permanent accounting record. Also, please remember that this faxed check contains no other information than would appear on any check you would have mailed us, and thus it poses no additional risk to security. You can further assure that this process is entirely legal and proper as provided in the Uniform Commercial Code; Title Three "Commercial Paper".

**Please fax a voided check along with this authorization
and payment instructions to:
Fax Number 936-441-8468**

_____ *please check off if you want us to use this authorization for the future.*