

# Check-By-Phone Payment Authorization Form

1. Please complete both pages of this form and fax to:  
1-800-472-2281 (PA), 1-888-226-9046 (CA), 1-800-344-5823 (FL), 1-800-365-4914 (VA)
2. Upon receipt of this authorization form, your checking account information will be securely registered and your purchases from Service Champ will receive a 6% discount.
3. Your checking account will only be debited after your order has been shipped.
4. We will automatically debit your purchases to your checking account unless we are notified otherwise by you. **IMPORTANT:** Any change in the checking account which you desire us to debit from requires 30 days advance notice.

**Place Blank Check Here - You May Write Void On Check**

**By signing below, I authorize Service Champ to debit my checking account for my purchases until I otherwise notify.**

Your Signature \_\_\_\_\_

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Your Service Champ Account # \_\_\_\_\_

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Terms of sale are CHECK BY PHONE. If payment is past due, the unpaid balance will be increased by 1.5% per month. Continuous late payment will result in a loss of credit with SERVICE CHAMP. Any check returned by the bank as unpaid will carry a \$25 charge. If the account is listed with a collection agency or attorney to obtain payment, the applicant is liable for all expenses including reasonable attorney's fees.

The undersigned grants permission to SERVICE CHAMP to access the above credit information to establish credit on this account. If this application is approved and credit extended, the applicant shall be deemed to have agreed to the terms and conditions listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**OWNER/OFFICER INFORMATION**

NAME			TITLE
HOME ADDRESS			CITY
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

NAME			TITLE
HOME ADDRESS			CITY
STATE	ZIP CODE	HOME TELEPHONE	SOCIAL SECURITY NUMBER

**SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION**

ISSUED TO		ADDRESS	
Service Champ LP		180 New Britain Blvd., Chalfont, PA 18914	
I CERTIFY THAT	NAME OF FIRM		IS ENGAGED AS A REGISTERED <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Leasor (*See note on reverse side.)
	STREET ADDRESS OR P.O. BOX		
	CITY	STATE      ZIP CODE	
is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:			
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
CITY OR STATE	STATE REGISTRATION OR ID NO.	CITY OR STATE	STATE REGISTRATION OR ID NO.
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.			
GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM SELLER			
Under penalties of perjury, I swear that the information on this form is true and correct as to every material matter.			
AUTHORIZED SIGNATURE (OWNER, PARTNER, OR CORPORATE)		TITLE	DATE