

CHECKING ACCOUNT AUTHORIZATION FORM

Date: _____

To: M&A Supply Company, Inc.

From: _____ (Company Name)

M&A Customer ID: _____

By signing below, I authorize M&A Supply Company, Inc. to input my checking account information within its operating system for ongoing purchases. I understand my checking account information will be encrypted within M&A Supply Company, Inc.'s operating system. ALL FIELDS BELOW MUST BE FILLED OUT.

Please send the completed form to jadcock@masupplycompany.com

Checking Account Number: _____

Routing Number: _____

Is this a Checking Account or Business Account: _____

First and Last Name who signs the check: _____

Billing Address: _____

Email Address: _____

Agreed by _____

Print Name: _____

Account Holders Phone Number: _____

Internal M&A Verification: _____

CREDIT CARD AUTHORIZATION FORM

Date: _____

To: M&A Supply Company, Inc.

From: _____ (Company Name)

M&A Customer ID: _____

By signing below, I authorize M&A Supply Company, Inc. to input my credit card information within its operating system for ongoing purchases. I understand my credit card information will be encrypted within M&A Supply Company, Inc.'s operating system. ALL FIELDS BELOW MUST BE FILLED OUT. Please send the completed form to jadcock@masupplycompany.com

Credit Card Type (Amex, Visa, M/C, Discover): _____

Credit Card Number: _____

Expiration Date: _____

CVV Code: _____

First and Last Name on the Card: _____

Credit Card Billing Address: _____

Agreed by : _____

Print Name: _____

Card Holder Phone Number: _____

Internal M&A Verification: _____