



Debit Authorization

Bank # _____

Account # _____

Check # _____

Amount of Sale \$ _____

I am an authorized office/agent/owner of

(Company Name)

and herewith authorize Saroyan Hardwoods to electronically debit or paper draft my account for the sale amount above. I agree that a \$20.00 return fee may be charged to my account if returned unpaid.

Signature, Title (must be authorized to sign on account)

This authorization must be accompanied by faxed check issued to Saroyan Hardwoods for the amount above.

**Please Fax to Saroyan
Hardwoods Credit Dept. at
(323) 277-7249**