



985 North Todd Avenue
 Azusa, California
 91702-2226 USA
 RETAIL: (626)812-7220
 WHOLESALE: (626)812-7222
 FAX: (626)812-7221

Company Check Acceptance Agreement

To have Options Auto Salon accept your checks in payment for parts and/or service work, the following terms are hereby agreed to by the undersigned.

- 1) **To fax or mail a copy of your company bank check that will be used for payment.**

This will enable us to process your check through our check guarantee service. Please inform us immediately in the event of any changes in bank information or account number.

- 2) All parts and services remain the property of Options Auto Salon until paid in full.
- 3) Checks returned for ANY reason are subject to a US\$25.00 service charge and a 2% per month finance fee. Annual Percentage rate is 24%. All returned checks will be reported to our check guarantee service which will create a negative credit record to your company.
- 4) All bank details provided below (ie Account name, Address, and Account Number) must be matched with the information on the company check used for payment.
- 5) The undersigned owner, partner, corporate officer, or principal agrees to pay all collection costs, attorney fees and interest if collection of any debt becomes necessary.
- 6) In the event that legal proceedings are required to resolve disputes or indifferences, all claims and filings must be made with the Citrus Municipal Court located in West Covina, California.

CLEARLY PRINT OR TYPE ALL INFORMATION

Legal Business Name: _____ Year Started: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #:(_____) _____ FAX #:(_____) _____
 FED Tax ID #: _____
 Name of Bank: _____
 Bank Phone #:(_____) _____ Bank Account #: _____

I/We hereby agree to the terms and conditions as indicated above and personally guarantee any and all debts and payment instrument due to Options Auto Salon.

Owner/Officer Name (printed)	Signature	Title	Date
Home Address _____			
Home Phone # _____		SS# _____	

Owner/Officer Name (printed)	Signature	Title	Date
Home Address _____			
Home Phone # _____		SS# _____	