

985 North Todd Avenue Azusa, CA 91702-2226 USA Telephone: (626)812-7220

(800)678-2886 Fax: (626)812-0278

Email: orders @optionsauto.com

## **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) Please fill out this form and return it back to us along with a copy of your void company check that will be used for payment at Email: orders@optionsauto.com or Fax:(626)812-0278.

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\$30.00 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 #: <u>()</u> |       |      |
| FED Tax ID #:                         |                  |       |      |
| Name of Bank:                         |                  |       |      |
| Bank Phone #:()                       | Bank Account #:  |       |      |
| Owner/Officer Name (printed)          | Signature        | Title | Date |
| Home Address                          |                  |       |      |
| Home Phone #                          |                  | SS#   |      |
| Owner/Officer Name (printed)          | Signature        | Title | Date |
| Home Address                          |                  |       |      |
| Home Phone #                          |                  | SS#   |      |