

CREDIT / DEBIT AUTHORIZATION FORM

I / We hereby authorize **N J IMPORTS**, to initiate entries to my / our checking or savings account to the financial institution below, and if necessary, initiate adjustments for any transactions credited / debited in error. This authority will remain in effect until **N J IMPORTS** is notified by me / us in writing to cancel it in such time as to afford **N J IMPORTS** and the financial institution a reasonable time to act on it.

ACCOUNT NAME: _____

(AS IT APPEARS ON THE FINANCIAL INSTITUTION'S RECORD)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

eMAIL: _____

ACCOUNT TYPE: CHECKING SAVINGS

NAME ON ACCOUNT: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING # _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(PLEASE ATTACH A COPY OF VALID VOIDED CHECK)

PRINCIPAL SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

I understand that authorization will remain in effect until I cancel it in writing, and I agree to notify **N J IMPORTS**, in writing of any changes in my account information or termination of this authorization at least 5 days prior to the scheduled the billing date. I understand that because this is an electronic transaction, these funds may be withdrawn from my account per my scheduled transaction date. In the event of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that **N J IMPORTS**, may at its discretion attempt to process the charge again within 7 days, and I agree to an additional \$50.00 (Fifty US dollars) for each attempt returned NSF which may be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.