



# CHECK APPROVAL

PLEASE COMPLETE THE FOLLOWING INFORMATION, READ AGREEMENT AND SIGN BELOW.

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

IN BUSINESS SINCE \_\_\_\_\_ CHECK ONE:  CORPORATION  PARTNERSHIP  PROPRIETORSHIP

LINE OF BUSINESS \_\_\_\_\_ FLA RESALE TAX # \_\_\_\_\_  
(Must send certificate, if tax exempt in the state of Florida)

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

My signature will authorize release of credit information to Select Engineered Systems, Inc.

By signing this application, I am requesting the acceptance of a company check, and attest to the bank account information provided above. I understand Select Engineered Systems, Inc. reserves the right to refuse and limit the amount of any check presented.

Payments must be made in U.S. funds drawn on a U.S. bank.

I agree that Select Engineered Systems, Inc. may charge a fee of TWENTY FIVE (\$25.00) or FIVE PERCENT (5%) of the total check amount for any check not honored by my bank, or such greater amount as may be permitted by law. Should any check not be honored, I also agree to pay any and all costs associated with any and all legal action required for collection of such item(s), including service charges accrued on outstanding invoices at the rate of 1.5% per month (or whatever the legal maximum).

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(Signature of principal officer required)

FOR S.E.S. USE ONLY	
Approved By, _____	Date _____
Notes: _____	

[www.selectses.com](http://www.selectses.com)