



Kingstar Supplies, Inc.

19809 Hamilton Ave., Torrance, CA 90502
Tel: 310-515-9900 Fax: 310-515-9901

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: Kingstar Supplies, Inc. COMPANY ID NUMBER: Kingsta1

I (We) hereby authorize Kingstar Supplies, Inc. Hereafter called COMPANY, to initiate debit entries to my (Our)(Select One): Checking Account Savings Account indicated below at the depository financial institution named below, hereafter called Bank, and to debit the same to such account: I (We) acknowledge that the origination of ACH transactions to my (Our) account must comply with the provisions of the U.S. law:

Bank Name: _____ **Branch:** _____

Bank Address: _____

City: _____ **State:** _____ **Zip Code** _____

Account Name: _____

Account Address: _____

City: _____ **State:** _____ **Zip Code** _____

ABA/Routing Number: _____ **Account Number:** _____

This authorization is to remain in full force of and effect until Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Bank a reasonable opportunity to act on it.

Name: _____ **Name:** _____

Signature: _____ **Signature:** _____

Date: _____ **Customer Number:** _____

(to be filled in by Company)

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

OUR GUARANTEE: Your account will only be electronically debited when a shipment that you have authorized is made to you. No other action or activity will be made to your account for any other reason.