

TRY-IT DISTRIBUTING CO., INC. and/or BALKAN BEVERAGE LLC

DIRECT WITHDRAWAL AUTHORIZATION FORM

Please fill in all fields below and fax, along with a voided check from the corresponding bank account, to our secure Accounts Receivable fax # (716) 989-3638.

CUSTOMER NAME: _____

CUSTOMER ACCOUNT #: _____

BANK NAME: _____

NAME ON BANK ACCOUNT: _____

BANK ACCOUNT #: _____

BANK ABA #: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

Check One Option: Take a one-time payment, in the amount of \$ _____

Take payment for every delivery

Take payment for balance of account every statement due

Other – please specify: _____

By signing below, you certify that you are an authorized representative of the company listed above and that you give permission to Try-It Distributing Co. Inc., and/or Balkan Beverage LLC to withdraw funds from the specified bank account to be applied to your invoice balance as directed herein. Signature also certifies that sufficient funds will be available in the corresponding account at all times or any fees associated with an overdraft will be billed back to the business aforementioned.

AUTHORIZED BY: _____

print name

SIGNATURE: _____ DATE _____

To discuss all of your payment options, please contact our office by calling (716)651-3551 and ask to speak with someone in our Accounts Receivable department.