



Check by Fax Authorization Form

Date: _____

Name: _____

Address: _____

If you are faxing a check, please fill out the requested information.

All checks must be in by 3:00 pm for it to be processed on the same day.

I hereby authorize CAT 5 Hurricane Screens, LLC to use a faxed copy of my check as an actual payable check. I understand that CAT 5 Hurricane Screens, LLC will keep this authorization on file to be used for any present or future transactions.

Account Holder

Signature _____ Date _____

Cat 5 Screens, LLC.

13474 Chambord St., Brooksville, Fl. 34613 352-597-7207 fax 352-597-7228

Please write "Check by Fax" in memo section on check Make check payable to Cat 5 Hurricane Screens LLC Keep original check as a receipt (DO NOT mail original)