

Classic Car Transport, LLC
CHECK BY FAX
Authorization Form

RETURN TO: 913-749-0940

This authorizes Classic Car Transport, LLC to send a debit, electronically or by any other commercially accepted method, to my (our) account(s) indicated below for the amount indicated below. This authorizes the financial institution holding the Account to post all such entries. Please allow 24-48 hours turn around.

Name _____ Amount Authorized \$ _____
US Dollars Only

Bank Name _____ Check# _____

Account Type (check one): Checking Savings

Please attach check here.

| | |
|---------------------|-----------------------|
| Company | SAMPLE CHECK |
| Address | |
| City, State, Zip | _____ |
| Pay to the | |
| Order of _____ | \$ _____ |
| _____ | |
| <i>Bank Routing</i> | <i>Account number</i> |
| :101011119 : | 1234567890123 |

This authorization will be for this transaction only. A new form must be completed each time payment is made.

Signature _____

Printed Name _____

Date _____