

CHECK PAYMENTS BY CHAX TO LIBERTY SUPPRESSORS

DIRECTIONS:

* PREPARE YOUR CHECK AS YOU NORMALLY WOULD.

*PLACE YOUR CHECK AS INDICATED BELOW, SIGN BOTTOM OF FORM AND FAX/ EMAIL THIS INFORMATION TO LIBERTY SUPPRESSORS.

FAX: 706-229-6400

EMAIL: TERESA@LIBERTYCANS.NET

PLACE CHECK IN SQUARE BELOW:

THIS CHECK AUTHORIZES LIBERTY SUPPRESSORS TO CHARGE MY BANK ACCOUNT AS PER CHECK NUMBER: _____

CUSTOMER SIGNATURE : _____

NOTE: Liberty holds business or personal CHAX checks for 7 calendar days before releasing shipment. This document will serve as a negotiable check and will be deposited immediately. Retain original check for your records. **DO NOT MAIL.**