

DUTCH LUBRICANTS, LLC

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

(All fields must be completed)

NAME: _____
(As it appears on U.S. financial institution records)

PHONE: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

UNITED STATES FINANCIAL INSTITUTION

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA: _____ CHECKING
(Required) ACCOUNT#: _____ (Required)

I hereby authorize the Financial Institution named above to pay amounts due DUTCH LUBRICANTS LLC by charging each payment to my account and to make that deduction payable to the order of DUTCH LUBRICANTS LLC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and DUTCH LUBRICANTS LLC reserve the right to terminate this payment plan or my participation therein.

DATE: _____ Signature: _____
Name: _____
Title: _____

NOTE: Please return one complete copy of this authorization and a VOIDED check on your account to:

DUTCH LUBRICANTS LLC.

Attn.: Accounts Receivable

Post Office Box 2365
Columbus, MS 39704
FAX: 662.327.1228

Please keep a copy for your records

EFT Notification Advice Information

Accounts Payable Representative Name: _____

Telephone Number: (_____) _____ - _____

Check One: Would like to receive EFT notification advise by Email: _____

Would like to receive EFT notification advise by Fax: (_____) _____ - _____

Should you have any questions or wish to advise us of any discrepancies, please contact our Accounts Receivable by: Email: lsetiawan@dutchlubricants.com
Fax at (662) 327-1228
Telephone at (662) 327-5202, ext. 222