EXUS CUSTOM SHUTTERS

CREDIT CARD AUTHORIZATION
(complete if applicable)

Company Name (the "*Company*"): _____ Date: _____ Customer Number: _____

I, the undersigned cardholder hereby authorize Exus Shutters ("Exus") to use the payment type below on orders placed and for payments on account. After payment is submitted, I understand that Exus will provide a receipt showing the order number and that payment was submitted with respect to such order. I also understand that orders may not be modified once the deposit payment has been made and the order has been submitted for production.

Credit Card Information:

Company Name: _____ Cardholder Name: _____

Billing Address: _____

Credit Card Number: _____ Expiration Date: _____ Security Code/CVV#: _____

Card Type: ☐ Visa   ☐ Mastercard

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies the Customer Agreement and Credit Application to which this authorization form is attached. I certify that I am the authorized holder of the credit card referenced herein.

Signature: _____

Printed Name: _____

Date: _____

CHECK DRAFT/ACH PAYMENT AUTHORIZATION
(complete if applicable)

Company Name (the "*Company*"): _____ Date: _____ Customer Number: _____

I, the undersigned, hereby authorize Exus Shutters (*"Exus"*) to duplicate the attached or any check provided in the future by the undersigned in bank draft form. This authority will remain in effect until Exus is notified by the undersigned in writing to cancel it upon such advance notice as to afford Exus and the financial institution listed below a reasonable opportunity to act upon it. An NSF fee of $35.00, or the maximum returned check charge allowed in the undersigned's state, will be charged for any check returned due to insufficient funds. I also understand that orders may not be modified once the deposit payment has been made and the order has been submitted for production. This is an open authorization to allow debits to the account set forth below for deposits and balances due on the Company's account for future orders.

Bank Information:

Financial Institution Name: _____

Address: _____

Routing #: _____ Account #: _____

Please attached a voided check for the account to be debited.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies the Customer Agreement and Credit Application to which this authorization form is attached. I certify that I am an authorized signatory on the account referenced herein.

Signature: _____

Printed Name: _____

Date: _____

Return a copy of this completed form to: **accounting@exusshutters.com**