

# ***SAFE-CHEK***

**Client Information:**

**Date:** \_\_\_\_\_

Store Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address (if different): \_\_\_\_\_

Location County: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Goods sold: \_\_\_\_\_

Managers Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Report E-Mail: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**Bank Information:**

Name of Bank: \_\_\_\_\_

Routing # (9 digits): \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Fee: \$ \_\_\_\_\_

**Home Office Information ( If Applicable):**

Name of Home Office: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Report E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If you desire automatic deposit, an active e-mail address is required for us to complete the transaction. What account would you like to have funds sent to?

Route #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Safe-Chek P.O. Box 4127 Ft. Walton Beach, FL 32547**

Panama City \* Fort Walton Beach \* Pensacola