ATWOOD DISTRIBUTING, L.P.

500 South Garland Road Enid, Oklahoma 73703 (580) 233-3702 FAX (580) 234-4332

VENDOR AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

(Company Name as printed on W9) _____ hereby authorizes Atwood Distributing, L.P. to initiate credit entries to my bank account indicated below.

Depository Bank Name: _____

Bank Account Number: _____

Routing Number: _____

Check one: Checking _____ or Savings _____ account

Federal tax ID or social security number: _____

Email address for payment notifications: _____

*You must also attach a copy of a **voided check or bank letter** for the account listed above**

This authority is to remain in full force and effect until Atwood Distributing, L.P. has received written notification of its termination in such time and in such manner as to afford Atwood Distributing, L.P. a reasonable opportunity to act on it.

Signature: _____

Title: _____

Date: _____