**CHECK PAYMENTS BY CHAX**

**DIRECTIONS:**
- To use this form, you must have pre-approved credit terms with Davidson’s.
- Prepare your check as you normally would.
- Place your check as indicated below, sign bottom of form and fax/email this information to Davidson’s.

<table>
<thead>
<tr>
<th>FAX TO: DAVIDSON’S</th>
<th>ATTENTION: ACCOUNTS RECEIVABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>CUSTOMER NO:</td>
</tr>
<tr>
<td>CUSTOMER NAME:</td>
<td></td>
</tr>
</tbody>
</table>

**PHONE:** (928) 776-8055  **FAX:** (877) 651-1888  **EMAIL:** chax@davidsonsinc.com

**LOCAL:** (928) 776-0344

---

**PLACE CHECK HERE**

This check authorizes Davidson’s to charge my bank account as per check no: ____________

**According to Federal Reserve Board guidelines, receipt of your check authorizes us to convert your check to a one-time electronic funds transfer. Funds may be drawn from your account the same day as your payment is received. You will not receive your check back.**

---

**Customer Signature:** __________________________________________

**Note:** If terms are Cash/Certified Check, Davidson’s holds a business or personal CHAX Check 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.**