



FPA Customs Brokers, Inc.

.....continuing the tradition of personal service!

To: Catherine Duboc
Fax No.: 718 276-3345
Tel No.: 718 527-2280, ext. 124

CHECK BY-FAX AUTHORIZATION

Date: _____

I, _____
(Print Name & Title)
of _____
(Company Name)

Give FPA CUSTOMS BROKERS, INC. (FPA) my permission to use our Company Check # _____ in order to debit my bank account in the amount of \$ _____ into FPA's "Check-By-Fax" program as described below:

Signature: _____ Date _____

Phone # _____ Ext. # _____

Based on your authorization, an FPA check draft will be produced as a replacement in lieu of the faxed copy of your check mentioned above. This check draft will be deposited, the same as if it was a check issued from your own account. The original check will remain with your office until the cancelled check draft is received by your office.

Your faxed check below is required as your authorization and agreement of the above. As usual, all bank information is kept confidential.

Please do not send FPA the original check.

ATTACH A CLEAR COPY OF YOUR CHECK AND REMITTANCE ADVICE TO THIS FORM.

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Jamaica, NY 11434
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Fax: 718 276-3345
www.fpajfk.com

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Compton, CA 90220
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Certified C-TPAT Broker