

CheckMan Faxed Check Authorization for Bookstore Manager

Attention: _____
(Sales Contact)

Account/Store Information

Store Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

BSMGR Account #: _____

Authorization Information

By my signature, I confirm that I am authorized to sign checks for the above business or ministry and am faxing this check to Bookstore Manager for payment on the above account number.

Check Number#: _____ Amount: _____

Name(Printed): _____

Title/Position _____

Signature: _____

Attach Check Here and Fax Completed Form to 325-673-0527

Please do not mail in your check.
Contact your Sales Representative for details.