

REVOLUTION WHOLESALE

New User Set-Up Form & ACH Set-Up

ABLE License #: _____

ABLE Expiration Date: _____

(Please provide copy of ABLE license)

Retail Store

Bar/Restaurant

Licensee Name: _____

DBA Name: _____

Full Street Address: _____

City: _____ Zip Code: _____

Business Phone: _____

Payment Type:

Cash/Check

ACH

FinTech

You must fill out and return backside of form for ACH debits.

Per Oklahoma Law, we cannot accept credit cards.

Special Invoice Notes: _____

To Whom Do We Send ACH Notice (Director of Finance, Accountant, etc.)?

Contact: _____ Title: _____

Preferred Phone #: _____ Email: _____

Account Contact(s):

Primary Contact Name: _____ Title: _____

Cell Phone: _____ Email: _____

Additional Contact: _____ Title: _____

Preferred Phone #: _____ Email: _____

Revolution Wholesale ACH Payment

I (we) authorize **Revolution Wholesale & Premium Brands Wine & Spirits** to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTIONS, to debit the same to such account for **invoices**. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law. This form shall be retained for two years following settlement of the last live transaction.

PLEASE SEND COPY OF VOIDED CHECK TO THIS FORM & RETURN TO WOODY@REVOLUTIONOK.COM

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type: ___Checking ___Savings

The authority is to remain in full force and effect until **Revolution Wholesale & Premium Brands Wine & Spirits** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Revolution Wholesale & Premium Brands Wine & Spirits** and FINANCIAL INSTITUTIONS a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(ABLE License #)



(Date)