LEE-DEE WHOLESALE DISTRIBUTING CO. INC

AND/OR

HALE WHOLESALE DISTRIBUTING CO. INC.

1001 9th AVE * PO Box 3130
LAKE CHARLES, LA 70602
(337) 433-0624

PERSON(S) AUTHORIZED TO SIGN CHECKS FOR PAYMENT OTHER THAN OWNER(S)

Date: _____

Name: _____ Home Phone Number: _____

Home Address: _____ Social Security Number: _____

_____ Date of Birth: _____

Driver's License Number: _____
(Please provide copy)

Signature: _____

Name: _____

Home Address: _____ Home Phone Number: _____

_____ Social Security Number: _____

Driver's License Number: _____ Date of Birth: _____
(Please provide copy)

Signature: _____

Owner acknowledges and agrees he is personally and criminally liable for any worthless check(s) issued for payment on his company's account in addition to NSF fees of $35 per check transaction.

Owner(s) Signature(s) _____

_____