

AcuSport

AcuSport Corporation • One Hunter Place • Bellefontaine, Ohio 43311-3001 • 800.543.3150

CHAX FORM

DIRECTIONS:

- 1) PREPARE YOUR CHECK AS YOU NORMALLY WOULD.
- 2) ATTACH THE CHECK ONTO THE TEMPLATE WHERE INDICATED.
- 3) FAX THIS INFORMATION TO ACUSPORT.

FAX TO: 937.292.6293

ATTENTION: CREDIT DEPARTMENT

CUSTOMER # _____

TO PAY: INVOICE# _____ OR ORDER NUMBER#: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* THIS CHECK AUTHORIZES ACUSPORT TO CHARGE MY BANK ACCOUNT AS PER CHECK ATTACHED:

ATTACH CHECK HERE

**CHAX PAYMENT NOT VALID
WITHOUT SIGNATURE BELOW!**



NOTE: This document will serve as a negotiable check, and will be converted to an electronic payment on date received. RETAIN ORIGINAL CHECK FOR YOUR RECORDS. **DO NOT MAIL.**

CUSTOMER SIGNATURE

X

TITLE

DATE