MAN TRANS LLC.

Phone: 850-222-6993
Fax: 850-222-3102
Toll free: 1-877-626-87264920

Woodlane Circle
Tallahassee, Fl. 32303
Website: www.mantrans.com

CREDIT CARD AND CHECK ACCEPTANCE APPLICATION

C.O.D. & CREDIT CARD CUSTOMER-PLEASE COMPLETE THIS FORM AND FAX THIS BACK TO US

PHOTOCOPY OF DRIVERS LICENSE HERE

PHOTOCOPY OF CREDIT CARD HERE
(BACK SIDE ONLY)
OR FAX A COPY OF THE CHECK

☐ VISA ☐ AMEREXP ☐ M/C ☐ DISCOVER

☐ C.O.D. COMPANY CHECK BY:_____
☐ C.O.D. CASH OR CASHIERS CHECK
☐ BANK _____

CREDIT CARD # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **EXP/DATE :** ☐☐ ☐☐

I/We (PRINT NAME)_____, the cardholder of the credit card or the representative of the check listed above hereby agree by the terms of sale listed on each Man-Trans LLC. invoice. For the purchase of Man-Trans LLC. transmission ("Transmissions") and for other goods and valuable consideration, we hereby convey, grant and transfer to Man-Trans LLC. a purchase money security interest in the transmissions and all proceeds until we perform all our obligations due to Man-Trans LLC. We agree to execute any financing statements that Man-Trans LLC. may request in order to protect Man-Trans LLC.'s security interest and here by authorize Man-Trans LLC. to execute and irrevocably appoint Man-Trans LLC. as our attorney in fact for execution of such financing statements and for the exercise of it's remedies as a secured party. If we are proprietorship, partnership, or personal guarantor, we authorize Man-Trans LLC. to order a consumer credit report in conjunction with the review of this application and existing and future extensions of credit. We agree not to charge back any sale paid by credit card nor place a stop payment order on any check. Any disputed amounts shall at Man-Trans LLC.'s sole discretion shall be refunded by check or credit. We agree that approval of this application does not constitute an extension of credit and that Man-Trans LLC. may or may not with or without notice extend or revoke credit terms. We agree to accept Leon County, Florida as the correct venue in the event that either party brings legal action. We agree that any returned check shall incur a return check fee of twenty-five dollars or 5% which ever is greater. We agree to pay a 15% restocking fee as well as all freight charges on any and all returned and refused items.

SIGNATURE : _____ **DATE:**_____

PRINT NAME : _____

COMPANY OR CORPORATE NAME (EXACT LEGAL NAME)_____
BILLING ADDRESS :_____ **CITY** _____
STATE _____ **ZIP** _____
SHIPPING ADDRESS :_____ **CITY** _____
STATE _____ **ZIP** _____
TELEPHONE # (_____**)**_____-_____ **FAX# (**_____**)**_____-_____

BANK REFRENNCES
BANK NAME :_____ **CITY** _____
STATE _____ **ZIP** _____
TELEPHONE # (_____**)**_____-_____ **FAX# (**_____**)**_____-_____
TYPE OF ACCOUNT : CHECKING NO._____
SAVINGS NO. _____ **LOAN NO.** _____