

SIPAHI HUNTING AND TACTICAL INC.

Blanket ACH Payment Authorization

Sign and complete this form to authorize SIPAHI HUNTING

AND TACTICAL INC. to process ACH transactions to pay for any current or future invoices, with your authorization. This Agreement governs ACH transactions initiated by SIPAHI HUNTING AND TACTICAL INC. to credit or charge the Company indicated below. Both parties agree that the initiation of ACH

transactions to the listed account(s) must comply with provisions of U.S. law and NACHA (National Automated Clearinghouse Association) Operating Rules.

This Agreement provides authorization for business to business individual ACH transactions to be initiated by SIPAHI HUNTING AND TACTICAL INC. when authorized using the methods designated below. This Agreement will remain in effect until Company cancels it in writing. Both parties agree that this Agreement in onjunction with any of the designated methods constitutes authorization to debit Company's business bank account(s), and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Please complete the information below & include copy of voided check on page 2:

I	authorize SIPAHI HUNTING AND TACTICAL INC.
to charge my bank account indicated below for invoices due for p	placed orders as well as any necessary
payment adjustments for any transactions credited/debited in e	rror.

Billing Address	Phone#
City, State, Zip	Email

Account Type Business Checking Business Savings	Personal Checking Personal Savings
Name on Acct	YOUR NAME Da Your Address City, State, Zip Code
Bank Name	PAY TO THE
Bank Routing #	ORDER OF
Account Number	BANK NAME
Bank City/State	0123456789 0001234567890
Individual Transaction Authorization Methods (check all that app	Routing Number Account Number
Text Email	Written www.sipahiusa.com
I authorize SIPAHI HUNTING AND TACTICAL INC. to initiate ACH D	bebits and Credits to the bank account
indicated above, provided each transaction is initiated according	to the terms of this Agreement.
Signature	Date
Name	Title

Mail Adress: 418 Cranes Landing Ct. Jacksonville FL 32216 Werehouse : 1612 E 8th St. suite #B Jacksonville, FL 32206 www.sipahiusa.com - www.sipahiarms.com +1 609 481 71 02 cell phone and Text order info@sipahiusa.com - sipahiinc@gmail.com

SIPAHI HUNTING AND TACTICAL INC.

I certify that I am an authorized representative of the Company indicatedIn theabove and that I have the authority to enter into this Agreement on thefor NCompany's behalf. Company agrees to notify SIPAHI HUNTING AND TACTICALunderINC. in writing at least 15 days in advance of any changes in its accountprocinformation. Company understands that because these are electronic\$25transactions, these funds may be withdrawn from its account as soon as thecheckdate an individual transaction is authorized, and that it will have limited time toon areport and dispute errors.cred

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), Company

understands that SIPAHI HUNTING AND TACTICAL INC. may attempt to process the charge again within 30 days and agrees to an additional \$25 charge for each instance an NSF is returned (\$50 for 2 NSF's on one check). In the case of a NSF ACH, the charge will be re-run as an ACH or on a

credit card the Company has used for payment on a previous order.

INITIAL HERE

COPY OF VOIDED CHECK

SIPAHI HUNTING AND TACTICAL INC. requires that you also provide a copy or scan of a voided check for the account that you wish to pay with ACH from. Our team uses this voided check for an additional verification step before we process the ACH transaction.

The best way to provide a voided check is to write "VOID" on the check, tape it to the area indicated below, then scan the page to your computer. Alternatively, you can submit the voided check as separate scanned image attached to the same email as this completed form. If you do not have access to a scanner you may

mail this completed form with copy of voided check to our address.

IMPORTANT: Please make sure that below voided check matches bank routing number & account number information that was provided on page 1.

ATTACH VOIDEI	O CHECK HERE	
Shipment will be held up to five days pending approval on ACH of	or company checks.	
There will be a \$30.00 service charge for returned checks.		
There will be a \$25.00 service charge for ACH payments that cha	argeback due to Insufficient Funds.	
All credit or debit card payment will be apply %3 processing fee		
PLEASE SUBMIT THIS COMPLETED FORM USING ANY OF THE AVAILABLE OPTIONS BELOW:		
Email: (sen to both please)	Paper Mail:	
info@sipahiusa.com	418 Cranes Landing Ct.	
sipahiinc@gmail.com	Jacksonville Florida, 32216	