

# WELSH RESTAURANT EQUIPMENT LLC

## Auto- Pay Agreement

20 Broad Street \* Binghamton NY \* 13904

Fax : 607-772-0162

### Customer Information:

Business Name:	_____	Phone:	_____
Billing Address:	_____		
	(Street Address)	City,	State Zip
Contact:	_____	Cell Phone:	_____
Email Address:	_____		

### Please provide 2 Forms of Payment - Primary & Back-up

**Invoices will be e-mailed for your review. Payments will be processed Net 7 days later.**

CHECKING ACCOUNT      Use as:  Primary or  Secondary for bill payment

Name on Account: \_\_\_\_\_ Business      Personal

Bank Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_

9-Digit Routing No : \_ \_ \_ \_ \_      Account No: \_\_\_\_\_

**CREDIT CARD #1**    3% Processing Fee    Use as:  Primary or  Secondary for bill payment

Personal     Business     Corporate    ||     Visa     MasterCard     Discover

Name (as it appears on card): \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_    3-Digit Security Code: \_ \_ \_

**CREDIT CARD # 2**

Personal     Business     Corporate    ||     Visa     MasterCard     Discover

Name (as it appears on card): \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_    3-Digit Security Code: \_ \_ \_

I authorize WRE to process my payment from my account listed above, 7 days after service work is completed. I understand; I will lose my Service Rate Discount if payments can't be processed, retroactive on open invoices and late fees of 22% will apply beginning day 10. A 3% processing fee applied to credit card payments. There is a \$20 fee for returned checks

**Signature/Date:** \_\_\_\_\_

**\*\* Enjoy \$25 Off Your Next Service Call \*\***  
When You Enroll in Auto Pay - Mail or Fax To - 607 -772-0162