

Interested in saving time and money???



GO PAPERLESS



Just provide us with your email address and we will send your invoices and statements directly to your email box. Stop waiting for the mail. Save time and get the information that you need as soon as it's available.

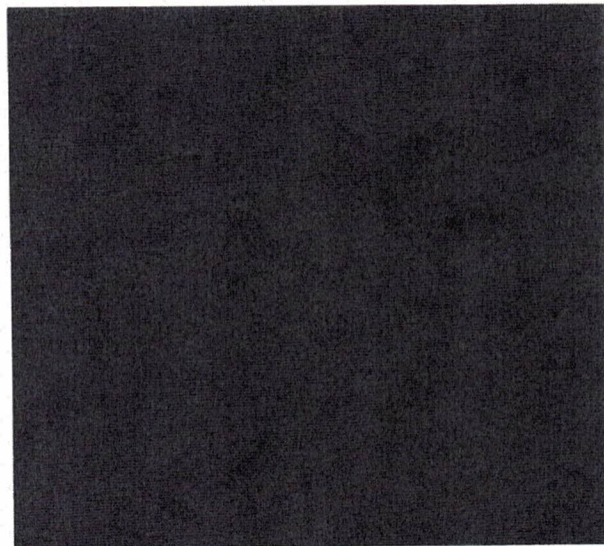
Recurring Monthly EFT Payment

Make this month's check your last. Simply fill out the form below and mail it to us along with a voided check.

Call today for more information:

1-800-223-8539

Or email darren@byrnesoil.com



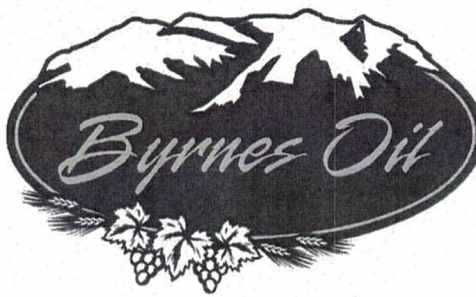
YES I would like my statements and invoices for the account number below sent to the email address(es) provided.

Account Name _____ Account Number _____

Email Address #1 _____ @ _____

Email Address #2 _____ @ _____

513 SW 6th
PO Box 700
Pendleton, OR 97801
www.byrnesoil.com



Phone 541-276-3361
800-223-8539
FAX (541) 276-3606

EFT AUTHORIZATION

I (We) _____ hereby certify that the information set forth below is correct, and authorize Byrnes Oil Company, Inc. and/or It's subsidiaries (BOCI) to initiate debit and credit entries to my (our) Bank account indicated below. This account is used solely for business purposes for payment of all obligations determined by BOCI to be owing by me (us) as a Customer of BOCI and all obligations determined by BOCI to be owing by BOCI to me (us) as a Customer,

Customer's Name _____

Customer's Address _____

City, State, Zip _____

Telephone Number _____

Bank Name _____

Bank Address _____

City, State, Zip _____

Bank Contact Person _____

Bank Telephone Number _____

Customer Bank Account
And Bank Routing No. _____
(MICR#) (acct. number) (routing number)

Initiate transaction (please select one of the following):
 Once a month on the 10th Once a month on the 15th Twice a month on the 10th and the 25th

***PLEASE ATTACH VOIDED CHECK**

I (we) hereby acknowledge and agree to pay all amounts due BOCI within terms of sale as granted by BOCI. All payments will be made by Electronic Funds Transfer unless otherwise indicated by BOCI. I (we) represent the customer or am acting as a duly authorized agent of and have authority to bind the customer. If the account due BOCI becomes delinquent, customer contracts and agrees to pay interest at the maximum amount chargeable by law of the state in which sale is made and in the event this account is placed in the hands of an attorney or collector for collection, for all fees and costs associated with collection. I (we) further certify that BOCI is authorized to notify the above-named Bank to accept such debit and credit entries from BOCI. This authority shall remain in full force and effect until ten (10) days after BOCI and the Bank have received written notification from me (or either of us) of its termination. I (we) understand that this EFT service is governed by the rules of The Automated Clearing House and that BOCI can terminate or modify at any time.

Authorized Signature Title Date

Authorized Signature Title Date