



You hereby authorize Tasacom Technologies, Inc. to initiate Wire transfer of funds to the account listed below in connection with invoice transactions between our companies. You agree that such transactions will be governed by the National Automated Clearing House Association (ACH) rules. This authority is to remain in effect until Tasacom Technologies, Inc. has received written notification of termination in such time and such manner as to afford Tasacom Technologies, Inc. a reasonable opportunity to act on it. You also authorize the Bank listed below to verify your account information as necessary to establish the wire transfer. IN NO EVENT SHALL TASACOM TECHNOLOGIES, INC. BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DAILY, OMISSION OR ERROR OF AN ELECTRONIC CREDIT ENTRY, EVEN IF TASACOM TECHNOLOGIES, INC. HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. This agreement shall be governed by the laws of the State of Texas.

<b>VENDOR COMPANY NAME:</b>	
<b>REMIT TO: ADDRESS</b>	<b>This should be the remit to: address shown on your invoices</b>
Street Address / P.O. Box:	
City, State, Zip:	
Company Tax ID Number:	
<b>BANKING INFORMATION</b>	<b>This must be a U.S. Domestic (or North American) Bank to use this form</b>
Name of Bank:	
Street Address / P.O. Box:	
City, State, Zip:	
Title on Bank Account: (Should Read Exactly as Listed on Bank Statement)	
<b>EFT INFORMATION</b>	<b>Obtain this information directly from your bank</b>
Bank ABA Number: (also known as Bank Routing Number)	_____ (Must be 9-digit Number)
Bank Account Number:	
<b>YOUR BANK CONTACT</b>	<b>Person at your bank who we can contact to verify Banking Information</b>
Contact Name / Title:	Name: _____ Title: _____
Contact Phone / Fax:	Phone: (    )                      Fax: (    )
<b>AUTHORIZATION</b>	
<i>Authorized Signature: (Must be Signed)</i>	Signature: _____ Date: _____
Name / Title:	Name: _____ Title: _____
Phone / Fax:	Phone: (    )                      Fax: (    )
E-mail:	