



CHECK BY FAX AUTHORIZATION

Date: _____

To: ACCOUNTS PAYABLES

Fax: 612-781-7585

From: _____

Phone: _____ Fax: _____

Re: Our Invoice #'s _____

Fax it back to our accounting dept at # 612-781-7585

1. Prepare a check in the proper amount to pay the attached invoice, made out to our company and have it signed by an authorized person.
2. Clearly type or print the name of the person who signed the check in the space provided below.
3. The check signer should sign on the line below, authorizing ZLN / American West / Interlog USA to immediately process the fax copy of the check.
4. Fax this page back with a copy of your signed check.
5. Retain the original copy of the check for your records – do not mail it to us.

We will process the information on your faxed check through normal banking channels. We will mail you a confirmation copy of the processed check.

Please call with any questions you may have.

Name of person that signed the faxed copy of the check:

(Print name clearly)

Signature authorizing ZLN / American West / Interlog USA to reproduce and cash the faxed copy of the check accompanying this page:

(Authorized Signature)