

**PERMISSION TO CREATE CHECK DRAFT**

**To: Galleher Corporation  
9303 Greenleaf Avenue  
Santa Fe Springs, CA 90670  
Phone: (562) 944-8885  
Credit Dept. Fax: (562) 356-4787**

**Attn: Credit Department**

**Re: Invoice(s) #** \_\_\_\_\_  
\_\_\_\_\_

**Amount - \$** \_\_\_\_\_

**The undersigned hereby authorizes Galleher Corporation to create a check draft using CHAX checks by fax software as per my faxed check below. Further, I agree to hold Galleher, Inc. harmless from any and all losses or liabilities arising from any transactions or occurrences related to my faxed check.**

**This authorization is valid for this transaction only.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Secure Check Here and Fax to (562) 356-4787**

**Do Not Mail Original Check to Us**