

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