

SAVE TIME, SAVE MONEY

PAY ON TIME WITH ACH AUTO BILL PAY A FREE SERVICE BROUGHT TO YOU BY:



JOHNSON BROTHERS
LIQUOR COMPANY

BENEFITS

-BUY YOURSELF TIME |

No more time writing checks, waiting for your sales person to pick up checks or waiting for mailed checks to post.

-CONTROL WHO'S PAYING OUT |

No more staff writing checks or pulling cash from registers for CODs.

-SAVE CASH |

No more stamped mailings, less labor time.

-AVOID THE STATE LIST |

No more postings from late payments, no checks lost in the mail.

-ADMINISTERED BY

JOHNSON BROTHERS |

Not a third party conglomerate.

-SAFE |

Your information is secure because it stays within our company.

-FLEXIBLE |

Disputed items can be excluded with no penalty until resolved.

The ACH Auto Bill Pay Program can be started or stopped with ease!

HOW IT WORKS

AUTO PAY OPTION [CONVENIENCE!]

-Funds withdrawn ON DUE DATE, Not Before. You can still take full advantage of your terms. (for COD customers, withdrawal is day after order)

-Notified via e-mail 7 days before the invoice will be debited from your account.

-Credits given along with invoice debits.

ON DEMAND OPTION [CONTROL!]

-Funds are not withdrawn until YOU notify us.

-You designate timing and the amount to withdraw.

-Think of it as "Check by phone."

SIGN UP TODAY!

Enrollment is attached.

Questions? Contact our Credit Department at 651.695.3540 or Ach@johnsonbrothers.com

JOHNSON BROTHERS

LIQUOR COMPANY

ACCOUNTS RECEIVABLE ACH ENROLLMENT

I, _____, hereby authorize Johnson Brothers Liquor Company, its subsidiaries and affiliates, to effect payment for charges on my account as such amounts become due by initiating debit entries in the form of electronic funds transfers to my bank account maintained at the financial institution named below.

Original must be mailed to:

Attn: Credit Department, Johnson Brothers Liquor Co.,
1999 Shepard Road, St. Paul MN 55116.

To expedite, you may also fax to 651.637.3240 or e-mail to Ach@johnsonbrothers.com

CUSTOMER BUSINESS INFORMATION

DBA NAME: _____

CUST ACCOUNT #: _____

BUSINESS ADDRESS: _____

CONTACT PHONE #: _____

CONTACT NAME: _____

PAYMENT OPTION CODE: [SELECT ONE]

Auto-Pay - Funds Drawn On Due Date

On Demand - Funds Drawn When
We Are Notified

FOR ACH DRAW NOTIFICATION, I WOULD LIKE TO BE CONTACTED BY:

SELECT FAX OR UP TO TWO E-MAIL ADDRESSES [E-MAIL PREFERRED]

Contact Fax #: _____

Contact e-mail address 1: _____

Contact e-mail address 2: _____

CUSTOMER BANKING INFORMATION

ACCOUNT NAME: _____

ACCOUNT TYPE: [SELECT ONE]

BANK NAME: _____

Checking

BANK ADDRESS: _____

Savings

BANK ABA [ROUTING] #: _____

Authorized Bank Account Signer [Signature]

ACCOUNT #: _____

Authorized Bank Account Signer [Print Name]

Date