

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME _____ CUSTOMER CODE _____

I (we) hereby authorize *S.A. WHITE OIL COMPANY, INC.*, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter call DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO _____ ACCOUNT NO _____

All EFTs will be drafted 7 days from date of delivery, with the day the product is received counting as the first day.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

FEDERAL ID NO _____ DATE _____

NAME _____ NAME _____

SIGNED _____ SIGNED _____

Please include copy of voided check.