New User Set-Up Form & ACH Set-Up WHOLESALE

ABLE License #:	ABLE Expiration Date:				
(Please provide copy of	ABLE license)				
Retail Store	Bar/Restaurant				
Licensee Name:					
DBA Name:					
Full Street Address:					
City:	Zip Code:				
Business Phone:		-			
Payment Type:					
	☐ Cash/Check ☐ AC	ACH FinTech			
<u>Yo</u>	ou must fill out and return back	ckside of form for ACH debits.			
Per Oklahoma Law, we cannot accept credit cards.					
Special Invoice Notes: _					
To Whom Do We Send ACH Notice (Director of Finance, Accountant, etc.)?					
Contact:	· · · · · · · · · · · · · · · · · · ·	Title:			
Preferred Phone #:	Email: _				
Account Contact(s):					
Primary Contact Name:		Title:			
Cell Phone:	Email: _				
Additional Contact:		Title:			
Preferred Phone #:	Email:				



Revolution Wholesale ACH Payment

I (we) authorize **Revolution Wholesale & Premium Brands Wine & Spirits** to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTIONS, to debt the same to such account for **invoices.** I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law. This form shall be retained for two years following settlement of the last live transaction.

PLEASE SEND A VOIDED CHECK & THIS FORM TO NEWACCOUNTS@REVOLUTIONOK.COM

(Financial Institution Name)		(Branch)	
(Address)	((City/State)	(Zip)
(Routing Number)	(Account Number)	Type:Checking	_ Savings
Revolution Syndicat, & Premiun either of us) of its terminatio	Il force and effect until Revoluti In Brands Wine & Spirits has reconnaised in such time and manner and the such time and manner and the such time and manner and the such time and	eived written notification as to afford Revolutio r	from me (or Wholesale,
(Print Individual Nar	me)	(Signature)	
DBA Name			
(ABLE License #)		(Date)	