



801 Bradbury Lane, Sparta, IL 62286
www.gzanders.com

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CHECK FAX AUTHORIZATION PAYMENT FORM

PLACE CHECK HERE

Customer Name _____

Customer Number or Zip Code _____

I (we) hereby authorize Zanders Sporting Goods Inc. to electronically debit the attached checking account information.

Signature _____ Date _____

** A CHECK in the amount of your order must be attached.

** Please direct any questions to the Accounting dept. at ext. 204