

Wag'N O2 Fur Life, LLC

305 SE Chkalov Dr
Suite #111-170,
Vancouver, WA 98683
www.PetOxygenMasks.org

eCHECK PAYMENT

One Time Payment Authorization Form

Sign and complete this form to authorize **Wag'N O2 Fur Life, LLC - PetOxygenMasks.org** to make a one time debit to your banking institution.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ hereby authorize **Wag'N O2 Fur Life** to charge my banking account
(full name)

indicated below for USD \$ _____ on or after _____ . This payment is for
(amount) (date)

O2FURLIFE-
(Invoice #)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

My account information is as follows

Account Type: Personal Checking Personal Savings Business Checking

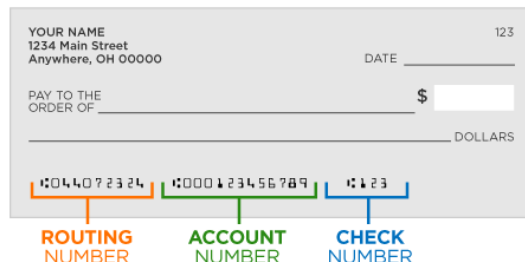
Customer's Name (as it appears on Bank account): _____

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Where do I find my Account and Routing numbers?



I agree and certify to all of the following with my initials:

CUSTOMER'S INITIALS HERE: _____ The bank account used in this transaction is a USA banking institution and I am a USA citizen and/or permanent resident with a current USA billing address.

CUSTOMER'S INITIALS HERE: _____ I have verified that the items in my invoice are those I wish to purchase and that the shipping address is correct. Any questions and/or uncertainties about my orders have either been called in or addressed in a written format BEFORE payment is made. I understand and accept that ALL ORDERS ARE FINAL.

CUSTOMER'S INITIALS HERE: _____ I hereby authorize the above named business, Wag'N O2 Fur Life, to charge the banking account indicated in this payment authorization form according to the terms outlined above and in the Invoice. This payment authorization is for the goods/services outlined in the invoice referenced here above, for the amount indicated above only, and is valid for one time use only.

CUSTOMER'S INITIALS HERE: _____ I am an authorized user of this banking account.

CUSTOMER'S INITIALS HERE: _____ I know that the account to be debited has sufficient funds to successfully process the full amount of this transaction. I agree and consent to abide by to the company's bounced check policy. Online copy located at http://www.petoxygenmasks.org/bounced_check_policy.html (if the page in question is down you may request a copy to be sent to you by email or regular mail. Request must be made prior to signing this document)

CUSTOMER'S INITIALS HERE: _____ I will NOT dispute the payment with my banking institution and/or request a stop-payment, so long as the transaction corresponds to the terms indicated in this form and/or Invoice.

CUSTOMER'S INITIALS HERE: _____ I understand that all orders paid for in part and/or in their entirety using eCheck payments will take 5 days minimum to process and ship. The company will notify me using my contact information provided when the order is ready to ship.

CUSTOMER'S INITIALS HERE: _____ Once this form is submitted, the order is final and NO changes to the order can be made. If changes need to be made, a new invoice will have to be issued to reflect such changes and the customer will have to fill out a new form and/or pay by credit card.

PRINT YOUR NAME: _____

SIGNATURE: _____

Written Signatures Only. eSignatures will not be accepted.

DATE: _____

Instructions to return this form

- All fields are mandatory unless marked 'optional'
 - Fill out and submit all pages
 - Make sure to reference your order/invoice #
- All fields in red must be followed by the authorized banking account user's initials.
- The form here above requires your written signature. eSignatures are not considered valid.

* You may FAX this form to 1-866-242-6376

* You may scan this form and return it as an attachment by email to Support@PetOxygenMasks.org

* You may return this form by regular mail.

Please send form to:

Wag'N O2 Fur Life,
305 SE Chkalov Dr
Suite#111-170
Vancouver, WA 98683

PLEASE CALL US AT 571-572-9246 MONDAY THRU FRIDAY FROM 10AM-5PM EST
Should you have any questions, comments or concerns.