Bank of America

To be completed by Retail Trading Partner

1. Retail Trading Partner Information

Company Name _____

Company Address _____

_____

_____

Contact Name _____

Contact Phone _____

Contact Fax _____

2. Retail Trading Partner Bank Information

Bank Name _____

Bank Address _____

_____

_____

Contact Name _____

Contract Phone _____

Contact Fax _____

3. Bank Account Number _____

4. Bank ABA Routing Number _____

5. Delivery Information Option - How do you want to receive information about your delivery? (The default is "**From Your Bank**")

❒ From the Driver ❒ Electronic (Bank of America will contact you for additional information) ❒ From Your Bank

If you checked Electronic or From Your Bank, do you want item level detail? ❒ Yes ❒ No

6. Authorization _____ _____ _____

Print Name Signature Date

Attach Retail Trading Partner Voided Check

To be completed by Wholesaler

1. Wholesaler Clearing Account at Bank of America

Clearing Account Number _____

Clearing Account Title _____

2. Retailer Identification Code _____

3. Authorization _____ _____ _____

Print Name Signature Date

Wholesaler - Please fax to: Bank of America, ACH/EDI Services, Attn: *BudNET* Coordinator, Fax Number 415-436-3759