Electronic Authorization Form

1. I Certify that I am a signer on the account listed below with the authority to grant this authorization on	
behalf of Fire Suppression Sarvices Incorporation ("Company/Customer").	
Type of Account: Busine	ess Personal
	PRESSION SERVICES INC.
Name of Bank: First L	ITAH BANK.
ABA#: / 2 4	3 0 2 6 1 3
Account#:	16433
2. I Certify, that Ferguson Enterprises, Inc. or any of its agents ("Ferguson") is authorized to debit the account for the sale amount via draft ("ACH") or other electronic funds transfers ("EFT") as follows:	
ONE TIME AUTHORIZATION	RECURRING AUTHORIZATION
Amount: \$	Max Amount: \$ Amount By Kuric
Check#:	Max Amount: \$ Amount By KNAIL Frequency: On Phone Core only.
3. I Certify that Company/Customer's Bank is hereby requested, authorized and directed to honor and to treat as authorized, checks, ACHs, EFTs or other money drawn in Company/Customer's name in accordance with this authorization.	
4. I Certify, that in the event that any such item is returned unpaid, Company/Customer agrees to pay an item fee of \$25.00, plus any applicable taxes via ACH, EFT or otherwise without further authorization.	
5. I Certify that this authorization shall remain in full force and effect and the authority herein given to Ferguson shall remain irrevocable until Ferguson receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.	
IF COMPANY/CUSTOMER	IF INDIVIDUAL:
Signed: //////	Signed:
Name: BARD N. HOLBROOK	Name:
Title: PRASIONNT	Title:
Date: 2013-02-08	Date:
Email: bardfss@ amail. com	Email:
REV:07/12/2012 3:56 PM	wender/services/accounting/american check/management/authorizationformy05.doc