

FAST PHIL'S CORPORATE CHECK CASHING COURTESY CARD APPLICATION

DATE_____

Please print name as shown on your checking account.

COMPANY NAME_____

MAILING ADDRESS_____

STREET ADDRESS_____

CITY_____STATE_____ZIP_____

COMPANY PHONE_____CELL PHONE_____

BANK NAME_____HOW LONG_____

CHECKING ACCOUNT NUMBER_____

By signing this form, I am giving Fast Phil's permission to verify the above information. I understand Fast Phil's reserves the right to cancel the use of this card at any time.

CARD 1 _____SIGNATURE_____

DRIVER'S LICENSE (NC ONLY)_____DOB_____

CARD 2 _____SIGNATURE_____

DRIVER'S LICENSE (NC ONLY)_____DOB_____

CARD 3 _____SIGNATURE_____

DRIVER'S LICENSE (NC ONLY)_____DOB_____

CARD 4 _____SIGNATURE_____

DRIVER'S LICENSE (NC ONLY)_____DOB_____

Please mail to: Fast Phil's, P.O. Box 111, Statesville, NC 28687

Att: Customer Service Dept.

or Fax to: 704-872-1788

OFFICE USE ONLY

APPROVAL DATE_____

DISSAPPROVAL_____