

Fax-Check Payment Form

Please complete this transmittal form, affix your check below, and fax it to: **603-218-6624**

Date: _____ Time: _____

Client Name: _____

Client Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

To: Edward H. Smith and/or his affiliates and assigns
PMB 296 at 816 Elm Street, Manchester, NH 03101
Phone: (603) 935-8809 Fax: (603) 218-6624
Email: edsmith@ehsportal.com Website: www.ehsportal.com

Attached is my check in payment for (please check):

The EHS Letter Manual

Consulting Services

Other: _____

I hereby authorize you to re-print and deposit a "no signature required" check from the fax copy of my original, signed check affixed below. I will keep my original check, as my record of payment. I am responsible for any/all collection costs for any check returned for insufficient funds or any other reason caused by me.

Affix Original, Completed, Dated, and Signed Check Here

CLIENT SIGNATURE

Date

Please Print Name: _____