



2780 S. Jones Blvd #200-3300  
Las Vegas, NV 89146

Please send completed application to:

[sales@zavate.com](mailto:sales@zavate.com) 702-534-6463 p

702-846-4114 f

Electronic Funds Transfer (EFT) Authorization For Direct Payments (ACH) Credit Card payments

Date:

Zavate account number:   
Amount to be drafted:

Invoice #

Amount

Invoice #

Amount

**ACH Payment**

Bank Name:

Please check one:

Business                      Consumer  
Checking                      Savings

Routing Number: (Bottom Left of Check)

Account number: (Bottom Right of Check)

**Credit Card**

MC  
Discover  
Visa  
Amex

EXP Date  
CVV  
Billing Zip code

  
  

*I hereby request and authorize Zavate Apparel, LLC to honor and charge the account listed above, deductions drawn on my account by and payable to Zavate Apparel, LLC. This authorization will remain in effect for all of the years 2021 and 2022.*

*I further agree if such deduction drawn from my account is dishonored, whether with or without cause, I agree to pay a NSF fee of \$50.00 plus the original amount of the deduction.*

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date