August 30, 2012

CHAX – Check Printing Software

Northeast Lubricants has purchased and installed software that will take the hassle out of waiting to receive a check by mail or requiring pick-up at a customer location. This application will enable us to print out a check with a customer's banking information to expedite payment. This is an efficient, secure, and reliable solution to the issues we have faced with securing payment from COD and other accounts that require a check to be picked-up. To avoid delay in delivery to past due accounts, this application can facilitate a printed check within minutes that can be deposited into our bank. This is also a valuable application for customers who may not willing to pay credit card convenience fees.

In order to use this application, there is information that will be required along with authorization from the customer. This form is attached. The information on this form is entered into our system automatically populating fields from the bank information provided by the customer (e.g. account number, routing number, company name, etc.).

Chax software also allows Northeast Lubricants to accept check payments over the phone, fax, and e-mail. The law allows this as long as you have permission of the payer (the party that would normally issue the check). Although permission may be verbal, it is preferred that the enclosed form be completed by the customer for authorization. The key to Chax is that it prints a check containing the MICR characters just as they appear on a regular check. Chax cannot be used for certified checks, bank teller checks, or money orders.

Please review the Authorization Form and determine if this option could help expedite payment for you. Should you have questions, please contact your sales representative.

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<u>CHECK PAYMENT AUTHORIZATION via CHAX</u>

       I hereby authorize Northeast Lubricants, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for _____. We acknowledge that the origination of such transactions to my (our) account must comply with the provision of U.S. law.

_____   _____
            (Financial Institution Name)   (Branch)

_____   _____ _____ _____
                (Address)   (City)   (State)   (ZIP)

_____ _____   Type of Account: _____ Checking
    (Routing Number)   (Account Number)   _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____   _____
   (Print Name of Authorizing Individual)   (Date)

_____   _____
   (Signature of Authorizing Individual)   (E-Mail Address)

Please Attach Copy of VOIDED Check Here …