



Traffic Safety Corporation
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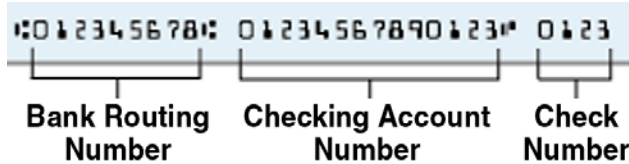
ATTN: ACCOUNTS RECEIVABLE

**PLEASE COMPLETE THIS
CHECK-BY-FAX FORM
& FAX TO 916-394-2809**

PLACE YOUR VOIDED CHECK HERE

Keep your original check as a receipt of payment (do not mail your check)

Must be received prior to 10:00 a.m. (PT) for same-day processing



Order/Quote Number: _____

Business Name on Check: _____

Phone Number: _____ **Email:** _____

Signatory (print name of person signing the check): _____

Checking Account Number: _____

Bank Routing Number: _____

Bank Name & Address: _____

Amount of Check: \$ _____ **Check Number:** _____

I hereby authorize Traffic Safety Corp. to use this faxed copy of my check as an actual check to be used for payment for the amount listed above. This is a one time draft. I confirm that the funds are available for immediate payment. I understand that by using Check-By-Fax I agree to pay any service and or late charges that might occur if my bank for any reason returns my check.

Authorized Signature: _____ **Date Signed:** _____