



GlobalTranz Enterprises, Inc.  
5415 E High St, Suite 460  
Phoenix, AZ 85054

### Open Check Draft Authorization Form

I, \_\_\_\_\_ with \_\_\_\_\_, \_\_\_\_\_  
(Account Holder Name required) (Customer/Company Name) (Customer Number)  
authorize GlobalTranz Enterprise, Inc., (hereinafter "GlobalTranz") to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

- This is an open authorization to allow debits to my account for amounts which will vary per transaction based on the order amount.

I have read and agree to all of the terms and conditions on this page, as well as, the terms and conditions of GlobalTranz found on [www.carrierrate.com](http://www.carrierrate.com), or any other document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement, and I will receive a copy of each check draft in my statement with the item has cleared.

I understand that all returned checks are subject to a \$25.00 NSF fee. This agreement will remain in effect until GlobalTranz receives my written notice of cancellation via email, fax, or email.

I understand this is a legal binding agreement between GlobalTranz and \_\_\_\_\_.  
(Account Holder's Name)

\_\_\_\_\_  
Authorized Account Holder Signature (required)

\_\_\_\_\_  
Date (required)

Account holder phone number (used only if there is a problem): \_\_\_\_\_

Attach your check here (required)

Fax to 602-443-5819