ROSSEE OIL CO., INC. P. O. BOX 3010, EATONTON, GA 31024

PHONE: 706-485-4771 - FAX: 706-485-1109

Bank Draft Information

(ACH)

Name or	n Account:				
Name of	f Owner if Accou	nt is a business:			
Mailing	Address:				
	City:		State:	ZIP:	
Physical	Address:				
	City:		State:	ZIP:	
Phone:	()	FAX: ()	email:		
Business	s is a: Corp (); It	f Corp. date and State Incorporated:		LTD Partnership (); Partnership ()
<mark>Federal</mark>	Tax Identificatio	n#Social	Security # _		
Name &	Address of Prince	-			
Name:				State:	
Vamas		•		State:	
Name.					
Name: _		Title:			
	Address:	City:		State:	
BANK:					
	Address:	City:		State:	
Checkin	g Account #				
Savings	Account #				
<mark>9 Digit I</mark>	Bank Routing #				
Rossee (the origi	Oil Co., Inc., Rain	t I authorize Rossee Oil Co., Inc. to initiate elency Oil Co., LLC, Farmers Fuel, LLC, or New H transactions to my account must comply we need with the complexity of the comp	wsome Real I	Estate Properties d/b/a	Newsome Oil. I acknowled
Signatu:	Signature:		inted Name:		Date:
Witness	<mark>ed:</mark>	Priı	nted Name: _		Date: