

## FAXED CHECK FORM

If there are challenges with the transmission or processing of this application, please contact:

NAME \_\_\_\_\_

TEL \_\_\_\_\_

**TO: ENIVA MEMBER SERVICE**  
**FAX: 763-795-8890**

1. Use this form when faxing a check for payment along with your order or application. This form **MUST** be used. (Orders paid by faxed checks may be held up to ten working days until the check clears the banking system.)
2. All information must be filled out completely and legibly. If any part of this form is incomplete or not legible, it will delay the processing of your order.
3. Check writer information required to process:

Daytime Phone Number: \_\_\_\_\_

**PERSONAL CHECK** — One of the two following forms of ID are required:

- Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_
- or
- Social Security Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

**COMPANY CHECK** — The only acceptable form of ID is the Driver's License information of the person who signed the check.

- Name: (please print) \_\_\_\_\_
- Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_

**Please Tape Check Here**

FOR OFFICE USE ONLY

Date: \_\_\_\_\_  
Initials: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

