



ONE-TIME PAYMENT AUTHORIZATION
Electronic Funds Transfer

Please sign and complete the attached form to authorize Enrich & Co DBA Mango for Salon to make a one-time debit of your bank account via ACH.

By signing, you give us permission to debit your account in the amount indicated below. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Enrich & Co has 90 days to correct any problems with your order.

I, _____ authorize Enrich & Co to charge my account in the amount
Name of owner

of \$ _____ (Write out dollar amount)

on or after ____ / ____ / ____ for ____
DD MM YYYY INV #

Routing

Street Address (Billing/Mailing)

Account

City, State ZIP

Bank Name

Cellular Number

Email Address

Signature

Date & time form generated: _____

MID: _____

DBA: _____



RECURRING PAYMENT AUTHORIZATION
Electronic Funds Transfer

Please sign and complete the attached form to authorize Enrich & Co DBA Mango for Salon to make a recurring debit of your bank account monthly **on the 25th** via ACH for the upcoming month of service.

By signing, you give us permission to debit your account in the amount indicated below. This permission is for the initiation of a recurring transaction and does not provide authorization for any additional unrelated debits or credits to your account. Enrich & Co has 90 days to correct any problems with your account.

I, _____ authorize Enrich & Co to debit my account in the amount

Name of owner

of \$_____ (_____)

Write out dollar amount

once a month starting ____ / ____ / ____ for _____ plan.

DD

MM

YYYY

Service plan

Routing

Street Address (Billing/Mailing)

Account

City, State ZIP

Bank Name

Cellular Number

Email Address

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Enrich & Co in writing of any changes in my account information or termination of this authorization at least 15 days before the upcoming month of service. If the noted payment date falls on a weekend or holiday, I understand that the payment will be processed on the next following business day. In the case of an ACH Transaction is rejected for Non-Sufficient Funds (NSF) I agree to an additional \$30.00 charge for each attempted returned NSF as a separate transaction.

Signature

Date & time form generated: _____

MID: _____

DBA: _____



855 Metropolitan Pkwy
Atlanta, GA 30310
www.enrichcous.com

INVOICE

Date:
Invoice #:
Customer ID#:

Billing Address:

Shipping Address:

SALES PERSON	PO NUMBER	SHIP DATE	SHIP VIA	TRACKING

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

Comments or special instructions:

SUBTOTAL

TAX RATE

TAX

SHIPPING

OTHER

TOTAL

** PACKAGE ITEMS?? Since the stuff comes with it how do we bill?? And if we put at zero, then what happens when we sell alone??
Includes sales description
Can we have the serial numbers attach later automatically??

Date & time form generated: _____

MID: _____

DBA: _____