DENNIS K. BURKE INC.

EFT WIRE TRANSFER INFORMATION FORM

Date: _____

Company Name: _____

Address: _____

_____

Contact Name: _____

(Please include email address of contact(s) to receive EFT prenotes and invoices)

Phone: _____

Email Address: _____

Bank Name: _____

Bank Address: _____

ABA/Routing #: _____

Account #: _____

Beneficiary Name: _____

Please Sign Here: _____

Invoice amount will be debited out of your account 10 days from invoice date

<u>You will receive notification of debit amount prior to transaction date</u>

51 Industrial Park Rd. Saco ME 04072 | 555 Constitution Dr. Taunton MA 02780

1-800-289-2875 1-800-BUY-BURKE www.burkeoil.com