



EFT WIRE TRANSFER INFORMATION FORM

Date: _____

Company Name: _____

Address: _____

Contact Name _____

(Please include email address and/or fax number of contact(s) to receive EFT prenotes and invoices)

Telephone# _____ Fax# _____

Email Address: _____

Bank Name: _____

Bank Address: _____

ABA# _____

Account# _____

Beneficiary Name _____

Please Sign Here _____

Invoice amount will be debited out of your account 15 days from invoice date
You will receive notification of debit amount prior to transaction date



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