

# CHEK FAXX

Welcome to our Chek Faxx Program.

Engine orders and other prepay items can now be shipped out the same day you order!

**JUST FAX US YOUR CHECK!**

***SAVE Time and expense of sending a check overnight to expedite your order.***

*or*

***SAVE Hundreds of dollars in common carrier C.O.D. collection fees.***

Please be aware that engines are not yet available online. They can be ordered on our toll free number 1-800-543-MERC (6372). Just print the Chek Faxx Form and be ready to get your engine quickly.

## **Here's the process:**

1. Complete the Authorization Form and Fax it to us at 1-800-944-4474.  
Make a copy for your bank and MAIL the original to us at  
Northeast Marine Power  
Operations Center  
1 Willow Street  
Hyannis, MA 02601
2. Give your bank a copy of your Chek Faxx Authorization Form and get your bank's approval to honor your chek faxxes.

## ***That's It!***

You are now ready to fax us your check on any prepay items.

NOTE: Please endorse your copies of the checks with "DO NOT DEPOSIT, CHEK FAXX" on the back so your check does not accidentally get deposited twice.

# CHEK FAXX

Pre-Authorization Check Deposit Program

# Dealer Authorization

I/We authorize Marine Corp d.b.a. Northeast Marine Power, Hyannis Marina, to prepare and deposit pre-authorized bank checks at Marine Corp's bank. This pre-authorized bank check will contain the same information: check number, amount, bank ID, account ID and date as the one we fax to Marine Corp. I/We understand that these processed pre-authorized checks will be sent to us from our bank with our monthly statements and our regular canceled checks. This authorization shall remain in effect until canceled by me in writing after all pending pre-authorizations have cleared the bank. I/We have notified our bank of this agreement and have their consent that they/we honor these pre-authorized checks as they are presented for payment. I/We agree to protect, defend, hold harmless and indemnify Marine Corp from and against any and all claims, actions, liabilities, attorney's fees and expenses, directly or consequently or of any kind of nature whatsoever, arising as a result of this authorization and the mechanics and obligations necessary to implement the pre-authorization check program.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_



1 Willow Street  
Hyannis, MA 02601

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Fax: 800-944-4474