



A/R EMPLOYEE CHARGE ACCOUNT AGREEMENT

I, _____, agree to have the amount of _____
Employee Name Amount

charged to my employee A/R account. I agree to have the amount of _____
Amount

deducted from my check until the balance is paid in full. I understand that if I or the company terminate my position of employment with or without notice, I am to have the remaining balance due deducted from my final check. I understand that if the outstanding balance due is higher than my final check, I will be billed for the remaining balance owed to the company.

I accept this agreement and understand that if I am separated from this company with an outstanding balance that I will not receive a final check and that it will go to cover the outstanding cost.

Employee Acceptance Date

Employee's Manager Date

Service Manager Date

General Manager Date

RO# _____ (Please attach for documentation)