



Fax to: 319-277-1562

Email to: accounting@pfgbest.com

CHECK REQUEST

DATE: / /

ACCOUNT#: _____
(include prefix: E or EE)

ACCT. NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY/ST/ZIP: _____

AMOUNT: \$ _____

REQUESTOR: _____

SPECIAL INSTRUCTIONS: _____

CHECK BOX FOR **FED EX** (fee will be deducted from account):