



## Check Acceptance Policy

### **Application Requirements:**

Copart, Inc. will permit a member to pay using their company check providing that the following conditions are met:

1. **Enrollment Form Completed in Full:** The *Company Check/ACH Enrollment Form* requires both business and personal information and must be completed in full. Incomplete applications will be returned to the applicant.
2. **Bank Account History:** The member's checking account must have been open and active for at least 6 months and no history of NSF. The member's bank must complete the attached Bank Verification form with the account number, date opened, average daily balance, NSF history, account rating, and the official bank business card or stamp. Email, fax or mail this form to Copart, Inc. with the *Company Check/ACH Enrollment Form*.
3. **References:** The member must have at least two current business references.
4. **Statement of Responsibility:** The President/Owner of the company must sign a statement accepting personal and business responsibility for dishonored checks and any associated fees.
5. **Returned Checks:** In the event that a check or ePayment is returned for any reason from your bank, you authorize Copart, Inc. to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.
6. **ePay:** Once company check approved, you will automatically be enrolled in ePay. It is not mandatory that you utilize the ePay payment method, but it will be available to you if you choose to use it.

### **Optional Method:**

Members that do not meet the minimum qualifications will not be approved for company check unless they provide Copart, Inc. with a Letter of Guarantee from their bank and the completed application.

### **Letter of Guarantee Requirements:**

Copart, Inc. must be issued a letter from the bank where the company checks are drawn, stating that the bank will guarantee any check written to Copart, Inc. on your company account. The information stated on the guarantee letter should include:

1. Name and branch of bank extending the guarantee.
2. Name of Bank Officer authorizing the guarantee.
3. Member's company name and account number.
4. Person(s) authorized to issue your company checks.
5. Total amount guarantee (Minimum of \$10,000).
6. Expiration date of guarantee (Minimum of 1 year).

Should you have any questions, please feel free to call the Copart, Inc. Member AR Dept at (707) 639-2187.



**COPART, INC.**  
**COMPANY CHECK/ACH ENROLLMENT FORM**

(Please print or type this form.)

Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

Company Information

Company Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

How long in business: \_\_\_\_\_ At this address: \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Business Type: Partnership \_\_ Sole Owner \_\_ Corp \_\_ Non-Profit \_\_

Have you ever applied with Copart under this or any other name?

Yes \_\_\_ No \_\_\_ If Yes: Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Business Credit Reference

1. Name of Business: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Number of Years Doing Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Number of Years Doing Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Owner/President Information

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_



Bank Information

Bank Name: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ [ ] Checking [ ] Savings

Attached Voided Check Here

Please allow 10 business days for processing once received.

This Form and a copy of the check can be Faxed to (707)639-5260 or emailed to Buyer.AR@Copart.com or mailed to:

**Copart, Inc.**  
**4610 Westamerica**  
**Fairfield, CA 94534**  
**Attn: Member AR**

If you have any questions please call the Member AR department at (707) 639-2187.

Terms and Conditions of Agreement: I authorize Copart, Inc. to verify the provided information by contacting credit reporting agencies, business references, and my banking institution. I hereby authorize Copart, Inc. and/or its affiliates to electronically debit my account at the financial institution (hereinafter "Bank") indicated above when an electronic payment (ePay) is made. I accept full responsibility for any checks we issue to Copart, Inc., that are not honored by our bank. In the event that a check or electronic payment (ePay) is returned for any reason from my bank, by signing this agreement, I authorize Copart, Inc. to electronically (or by paper draft) re-present the check to my bank account for collection of the amount of the check, plus any applicable fees as permitted by state law. By signing this contract I acknowledge that I have read and understand the Check acceptance policy and the ePay terms and conditions. Furthermore, I understand that Copart, Inc. may revoke my company check writing privileges at any time.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Corporate Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Limits: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_



**COPART, INC. COMPANY CHECK APPROVAL  
BANK VERIFICATION**

**This form must be completed, signed and stamped by your bank with the official bank stamp or bank business card. Once the form is completed, please return by email, fax or mail with *Company Check/ACH Enrollment Form* to the Copart, Inc. Member AR Dept.**

Company Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Owner/President's signature: \_\_\_\_\_

Authorization to release information

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

NSF History: \_\_\_\_\_ Date(s): \_\_\_\_\_

Average Last 6 Months Balance: \_\_\_\_\_

Satisfactory Account: \_\_\_\_\_

Letter of Guarantee: \_\_\_\_\_  
(Please attach a copy of the letter)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Stamp or Bank Business Card

You may fax this form with your *Company Check/ACH Enrollment Form* to (707) 639-5260 or email it to Buyer.AR@Copart.Com.

Should you have any questions, please feel free to call the Copart, Inc. Member AR Dept. at 707-639-2187.



## EPAY FREQUENTLY ASKED QUESTIONS

### **Who is eligible for ePay?**

If you are Company check approved you are eligible to sign up for ePay.

### **How do I get Company check approved?**

Please complete the company check application form that is located at [www.Copart.Com](http://www.Copart.Com).

### **How do I sign up for ePay?**

In order to activate ePay you must complete the ePay Authorization Form and submit it via email, fax or mail to the Accounting Department.

### **How will I know if I'm approved for ePay?**

When you log into your member account you will see an ePay icon. Select the ePay icon to pay for cars you've won.

### **Does Copart charge an additional fee for ePay?**

No, Copart does not charge a fee for ePay. Check with your bank to see if they have any associated fees for automated clearing house (ACH) transactions.

### **When do you debit my account?**

We debit your account immediately.

### **When do I have to pay for the cars?**

Payment must be received by 5:00 PM PST on the business day prior to the late payment fee being charged.

### **Can I make a partial payment?**

No, partial payments are not permitted.

### **I have invoices over 15 days and can't pay for a lot, who do I call?**

You must contact the General Manager of the yard with the outstanding invoice.

### **Is there a limit to how much I can ePay?**

Yes, your daily ePay amount is limited to your company check limit.

### **Can I ePay money to place in unapplied funds?**

No, you are only allowed to pay for vehicles with a balance due.

### **What if an ePay doesn't go through because there aren't enough funds in my account?**

In the event that a check or ePayment is returned for any reason from your bank, by signing this agreement, you authorize Copart, Inc. to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.



## **COPART, INC. EPAY TERMS AND CONDITIONS**

As a user of Copart's ePay service, you agree to be bound by the following ePay Terms and Conditions. Copart, Inc. reserves the right to amend the Copart, Inc. ePay Terms and Conditions at any time without prior notice to you. In addition, the Terms of Service and Privacy Policy for [www.copart.com](http://www.copart.com) are incorporated into the ePay Terms and Conditions by reference. Copart's website Terms of Service can be viewed at <http://www.copart.com/terms.htm>. Copart's Privacy Policy can be viewed at <http://www.copart.com/privacy.htm>.

### **Authorizing and Paying Your Bill:**

You may use ePay to make payments to Copart, Inc. directly from your account with your financial institution in the amount specified by you. By making the appropriate selections and clicking on the authorization button ("Submit Payment" button) you authorize Copart, Inc. to follow the payment instructions that it receives. Specifically, you authorize Copart, Inc. to debit your bank account on file with Copart, Inc. and remit funds to your Copart, Inc. account on your behalf. Copart, Inc. shall incur no liability if it is unable to complete any payments because of one of the following:

- Your financial account does not have sufficient funds to complete the payment or the payment would exceed the credit limit of your overdraft account;
- The processing financial institution's and/or Copart's processing function is not working properly;
- You have not provided Copart, Inc. with the correct financial institution information or Copart account information;
- Circumstances beyond Copart's control prevent the proper execution of the payment.

### **Payment Services:**

- ePay will require you to pay all outstanding balances that are more than 15 days old before allowing you to make other payments.
- Once you hit the "Submit Payment" button, your Copart, Inc. account will be immediately credited with the designated payment. However, be advised that your account with your financial institution may not immediately reflect payment.
- Payments made using ePay will be applied to your account on the calendar day received by Copart, Inc. as determined pursuant to Pacific Standard Time (PST).
- Payments returned due to insufficient funds and their applicable fees will be recovered electronically. In the event that a check or ePayment is returned for any reason from your bank, by signing this agreement, you authorize Copart, Inc. to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.

### **Termination of an Electronic Payment Service:**

Copart, Inc. reserves the right, at any time and for any or no reason, to cancel the ePay service, make additions or changes to the service, or to cancel or suspend your usage of the service.



### **Fees:**

Copart, Inc. will not impose a fee or other charge on you for you to use any of the listed payment services. However, the financial institution from which you have authorized payment may charge you fees related to the maintenance of that account, including transaction fees or fees for attempting payments without sufficient funds. Copart, Inc. will charge you a Non Sufficient Funds (NSF) processing fee for any payment that is returned unpaid by your financial institution.

### **Electronic Signatures and Records:**

Your authorization of payments via the 'Confirm Payment' functionality of the website will be treated as an electronic signature indicating your intent to sign the authorization and also your intent to agree with and be bound by these ePay Terms & Conditions and acknowledging receipt of same. Your electronic signature also signifies that you recognize and agree that Copart, Inc. may keep all of your electronic payment transaction records in an electronic format.

### **Disclosure of Account Information to Third Parties:**

It is our general policy to treat your account information and personally identifiable financial information as within the Copart, Inc. family of companies. In addition to any terms contained within Copart's Privacy Policy, we will disclose this information in the following situations:

- When it is necessary to complete the transaction that you have requested, which may include disclosure to processing or intermediate banks or financial institutions performing such a function;
- In order to verify your account to a third party with a right to receive such information, such as a credit bureau;
- To a consumer reporting agency;
- In order to comply with a governmental agency or court order; or
- When you give us written permission.

We use information security safeguards and techniques to protect our customers' data. However, all customers should be aware that Copart, Inc. is not liable for any unauthorized access to personal information that is beyond Copart's control such as in the instance of malicious programming attacks (i.e. "Hacking").

### **Passwords and Security:**

You agree not to give or make available your online account access username and password or other means to access your account to any unauthorized persons. You are responsible for all bill payments made on your account using ePay. *IF YOUR PASSWORD IS LOST OR STOLEN, OR IF YOU THINK THERE HAS BEEN UNAUTHORIZED ACCESS TO YOUR ACCOUNT INFORMATION ONLINE, PLEASE NOTIFY US AT ONCE* by calling during normal Copart, Inc. business hours.