



THE KIMBER COMPANIES

KIMBER MANAGEMENT, LLC
KIMBER COMMUNICATIONS
KIMBER COMMERCIAL BROKERAGE
SERVICES, INC.

Date : _____ **PROPERTY:** _____ **SUITE** _____

Company: _____

Contact Person: _____ **Title:** _____

Billing Address (if different): _____

Phone: _____ **Fax:** _____

Email: _____

Bank Name _____

Account #: _____

Routing (ABA) #: _____

Do you wish to have the rent debited from your bank account automatically? **Yes () No ()**

If yes, please sign the statement below and return to us with a voided check from your business account. If yes, the account will be debited on the 5th day of the month.

This shall certify that I authorize Kimber Management LLC to debit my checking account for the amount of the monthly rent.

Signature _____ **Title** _____ **Date** _____