Weekly Automatic Debit Authorization Form

Instructions:

Complete the Automatic Debit Authorization Form below and make a copy of the completed authorization form for your records. You must return a voided check, copy of a voided check or a bankletter from your account with this form.

EMAIL THIS PAGE AND VOIDED CHECK OR COPY OF VOIDED CHECK TO:

Edible Arrangements, LLC
Attention: Accounting
Department980 Hammond Drive
NE, #1000 Building 2, 10th Floor
Atlanta, GA 30328
Email: ar@edible.com

Automatic Debit Authorization:

I authorize: (1) Edible Arrangements, LLC ("EA") and/or is designated affiliates, to initiate electronic debit entries to my checking account indicated below, for weekly royalties, Marketing Fund Contributionsand other amounts that are due EA from time to time; (2) Netsolace, Inc. ("NI") and/or its designated affiliates, to initiate electronic debit entries to my checking account indicated below, for ongoing installment payments, technology service and support payments and other amounts that are due NI from time to time; and (3) the financial institution ("BANK") named below to debit these entries from my account. This authority shall remain in effect until EA, NI and BANK have received notification from me of its termination in such time and in such manner as to afford EA, NI and BANK a reasonable opportunity to act on it, or until EA, NI and/or BANK has sent me ten (10) days' written notice of EA's, NI's or BANK's termination. I understand that if an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, EA and/or NI will not be able to process payment. I understand that I may be subject to charges if payment is rejected, reversed, or refused by my financial institution.

Bank Account Holder Name: _____ Taxpayer ID No.: _____

Edible Arrangements® Business Location: _____ Store Number: _____

Bank Name: _____ City/State: _____

Bank ABA: _____ Bank Phone Number: (___) _____-_____x _____

Bank Account #: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____