

HUSTON SUPPLY COMPANY, INC.

WATCHUNG
2 Interhaven Avenue
North Plainfield, NJ 07060
Tel: (908) 756-5700

P.O. BOX 7367
Watchung, NJ 07069
Tel: (908) 756-6308
Fax: (908) 756-2228

OLDWICK
3 Felmley Road
Oldwick, NJ 08858
Tel: (908) 439-6200

Employee Savings Account (ESA) Authorization Form

I, _____, request that Huston Supply Co., Inc. withhold \$_____ from my weekly payroll and deposit it into the Huston Supply Co., Inc. savings account plan that as per the employee manual pays a minimum annual interest rate of 4%. I understand that I am limited to four (4) withdrawals from this account per year.

Employee Signature: _____

Date: _____

Witness: _____

Date: _____