



2053 High Ridge Rd,  
Boynton Beach, Fl 33426  
561.296.7467

125 Carolyn Blvd  
Farmingdale, NY 11735  
631.249.2525

12 Commerce Rd  
Fairfield, NJ 07004  
973.887.3700

[www.acfgardner.com](http://www.acfgardner.com)

## ***MAKING PAYMENTS HAS NEVER BEEN EASIER***

**IT'S FASTER, IT'S EASIER, AND IT'S CHEAPER THAN  
BUSINESS CHECKS, BANK TREASURER'S CHECKS  
MONEY ORDERS OR OVERNIGHT MAIL!!**

Here are options to quickly and easily make remote payments:

- 1) scan and email check\*\* to [credit@gardnerindustries.com](mailto:credit@gardnerindustries.com) or [MLopez@acfgardner.com](mailto:MLopez@acfgardner.com)
- 2) take a picture of a signed check \*\* and email to [credit@gardnerindustries.com](mailto:credit@gardnerindustries.com) or [MLopez@acfgardner.com](mailto:MLopez@acfgardner.com)
- 3) complete credit card - form below
- 4) complete ACH payment – form below

**\*\* We do not need the original check**

**PLEASE DO NOT HESITATE TO CONTACT  
US WITH ANY QUESTIONS!!**

**KEEP THIS INFORMATION FOR FUTURE REFERENCE!**



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## CREDIT CARD AUTHORIZATION

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

To: **ACF-GARDNER**

Please use this letter as authorization for:

### MUST Enter Information as it appears on your Credit Card bill

Name \_\_\_\_\_  
(Exactly as it appears on the card)

Business Name (if applicable): \_\_\_\_\_  
(Exactly as it appears on the card)

Billing Address: \_\_\_\_\_  
(Must enter the address exactly as it appears on your credit card bill statement)  
(Street Address-1)  
\_\_\_\_\_  
(Street Address-2)

\_\_\_\_\_  
(City) (State) (Zip Code)

To use my: (check one)  AMEX  MC  Visa  Discover  Debit Card

Card Number \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

Security Code (CVV/CVV2) - 3 Digit Code on back of card \_\_\_\_\_

Order # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
or  
Invoice # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT AMOUNT (sub-total) \$ \_\_\_\_\_

VISA/MC/Dscvr X 2.5% credit card fee \_\_\_\_\_

AMEX X 3.5% credit card fee \_\_\_\_\_

(\$10 minimum credit card fee)

Total to be charged (\$) \$ \_\_\_\_\_

### MUST PRESENT US WITH A COPY OF YOUR DRIVERS LICENSE

By signing below, I/we agree and authorize GFS Distributors LLC, ACF-GARDNER, Spectrum Vinyl and any of its subsidiaries, or its financial institution to charge my account for the amount due on each invoice, and I/we agree to Terms and Conditions of Sale TC 1/14/2019 (and any and all future revisions).

must initial all lines below

All specials, drops, closeouts and products/services ARE sold "AS IS" and all sales are final.

All special orders are NOT CANCELABLE.

All loaner samples must be returned within 2 business days or I approve this charge.

This signature authorizes the merchant, Gardner Industries, to hereby utilize this payment/bankcard information for all future sales until further notice.

Furthermore, I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that any amount charged or attempted to be charged to my credit card is declined.

Authorized by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date



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

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

Gardner Account Name: \_\_\_\_\_

**RE: ACH TRANSACTION AUTHORIZATION FORM**

You hereby authorize Gardner Industries Inc., including its divisions, affiliates or subsidiaries ("Gardner") to initiate an ACH draft to your account at the financial institution designated by the routing number named in this authorization (the "Financial Institution"), for payment of the full amount due on invoice(s) or order (s) indicated on this authorization form. You further authorize the Financial Institution to accept these debit entries as valid debit activities under your account. You also agree that you will immediately reimburse Gardner for any dishonored ACH's against the account that you have provided to us in this authorization and agree to pay a seventy-five (\$75) dollar fee if this ACH is dishonored for any reason. You agree to hold Gardner harmless from any and all losses or liabilities arising from any transactions or occurrences relating to ths ACH authorization.

**BANK INFORMATION**

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

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

MUST Check one ONLY - Checking:  OR Savings:

**MUST PROVIDE PAYMENT APPLICATION INFORMATION:**

**NOTE: An ACH will NOT be processed without complete details.**

| <u>ORDER # /<br/>INVOICE #</u> | <u>INVOICE DATE</u> | <u>GROSS<br/>ORDER/<br/>INVOICE<br/>AMOUNT</u> | <u>ORDER /<br/>INVOICE<br/>AMOUNT PAID</u> | <u>COMMENTS</u> |
|--------------------------------|---------------------|--|--|-----------------|
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | \$   | \$   |                 |
|                                |                     | <b>ACH TOTAL</b>                               | \$   |                 |

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION AND FAX OR EMAIL TO:**

**FAX TO: 973-887-8052**

**EMAIL: CREDIT@GARDNERINDUSTRIES.COM**