

**PAYMENTS
MADE EASY**



New York New Jersey Florida

EZ PAY

EZ PAY via CHECK

Scan or take a picture of your check with invoice numbers and the amount to pay and email to **credit@acfgardner.com**
(We do not need the original check)

BANK WITHDRAWAL

Fill out page 2 and email
credit@acfgardner.com

CREDIT CARD

Fill out page 3 and email
credit@acfgardner.com

Automatic Bank Withdrawal

Date: _____

Account Name _____

Account Number _____

ACH FORM



New York New Jersey Florida

AUTHORIZATION

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

Checking Savings

TERMS

ACH TRANSACTION AUTHORIZATION FORM

You hereby authorized ACF Gardner including its divisions, affiliates, or subsidiaries 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 the 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 ACF 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 ACF Gardner harmless from any and all losses or liabilities arising from any transactions or occurrences relating to this ACH authorization.

invoice / order number	invoice / order date	invoice / order amount
Total		

Signature _____

Date: _____
 Account Name _____
 Account Number _____



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

Name _____
 (Exactly as it appears on the card)

Billing address _____
 (Exactly as it appears on the statement)
 _____ (State) _____ (Zip Code)

AUTHORIZATION

CREDIT CARD NUMBER
 [16 digit input boxes]

Visa/MC
 Amex
 Discover
 Debit
 Security Code (CVV/CVV2) - 3 Digit Code on back of card
 [3 digit input box]

[MM][YY] [MM][YY]
 Expiration Date (MM\YY)

invoice / order number	invoice / order date	invoice / order amount

3.5 % credit card fee will be added to total

Total [input box]

I authorize the merchant, ACF Gardner, to hereby utilize this payment/bankcard information for all future sales until further notice

Signature _____

By signing above, I/we agree and authorize ACF GARDNER, any of its subsidiaries, or its financial institution to charge my account for the amount due on each invoice, and I/we agree to the Terms and Conditions of Sale. 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. I/we also agree to the following:

- 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