

Landmark Supply Inc.

440 Raritan Ave

Highland Park, NJ - 08904

(732) 769-5008 phone (215) 220-2248 fax

orders@landmarksupplyinc.com

Check Draft Authorization Form

I _____ authorize Landmark Supply Inc., to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

☐ Please Check One Box (required) This authorization is valid for this transaction only.

☐ The transaction amount will be \$ _____ (transaction amount required).

☐ This is an open authorization to allow debits to my account for amount(s) which will vary per transaction(s) due at the time of invoicing.

I have read and agree to all the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared. I understand this is a legal binding agreement between Landmark Supply Inc., and, _____. I understand that all returned checks are subject to a \$30.00 NSF Fee, in addition to the original amount to be paid. This agreement will remain in effect until Landmark Supply Inc., receives my written notice of cancellation via mail, fax, or email.

Authorized Accountholder Signature (required)

Name

Email Address

Date (required)

Attach Your Check Here (required)

Then Fax

Contact: _____