



An Affiliate of Mohawk Carpet Distribution, Inc.

Date: _____
Mohawk Account Number: _____
Mohawk Account Name: _____

RE: ACH SINGLE TRANSACTION AUTHORIZATION FORM

You hereby authorize Mohawk Carpet Distribution, Inc., including its divisions, affiliates or subsidiaries ("Mohawk") 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 orders 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 Mohawk 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 Mohawk harmless from any and all losses or liabilities arising from any transactions or occurrences relating to this ACH authorization.

BANK INFORMATION

Name On Account: _____
Bank Routing Number: _____
Account Number: _____

Checking: ☐ Savings: ☐

PLEASE PROVIDE PAYMENT APPLICATION INFORMATION:

NOTE: An ACH will NOT be processed without complete details. Partial payments are NOT allowed.

ORDER # OR INVOICE #	INVOICE DATE	GROSS INVOICE AMOUNT	DISCOUNT TAKEN	OTHER DEDUCTION	NET INV OR ORDER AMT PAID	EXPLAIN OTHER DEDUCTION

ACH TOTAL: \$-

DATE: _____ TITLE: _____ SIGNED: _____

PLEASE COMPLETE THE ABOVE INFORMATION AND FAX OR EMAIL TO:

FAX TO: 800-527-6209

EMAIL: atosha_hanley@mohawkind.com

ATTN: ATOSHA