

PAYMENT GATEWAY ACCOUNT SETUP FORM

ATTENTION: Brad Diamond

Phone Number: 801-492-6540, Fax Number: 801-492-6546, E-mail Address: bdiamond@authorize.net

Instructions: Please fax the completed setup form to 801-492-6546.

STEP 1: COMPANY INFORMATION

Company Name: _____

Company Officer / Owner / Principal Name: _____

Title: _____

Company Tax ID (Sole Prop. Can use SS#): _____

Company Address (No P.O. Boxes): _____

City: _____ **State:** _____ **ZIP Code:** _____

Company Phone Number: _____ **Company Fax Number:** _____

E-Mail Address (The address that setup information will be sent to): _____

Business Type (select one): Corporation Non-Profit Corporation(must send copy of 501c3) LLC Sole Proprietorship LLP

Market Type(select one): Card Not Present (CNP)/E-commerce Mail Order/Telephone Order (MOTO) Card Present (CP)/Retail

Company Web Address (URL) (If you have one): _____

Detailed Description of Products or Services Sold:

STEP 2: PAYMENT AND ACCOUNT INFORMATION

Authorize.Net Payment Gateway Account Fees: **Non-Refundable Setup Fee*: \$99.00**

Monthly Gateway Fee: \$17.95**

Per-Transaction Fee: \$0.10**

***Non-Refundable Setup Fee:** Company agrees to pay to Authorize.Net a one-time non-refundable fee in the amount written above for the setup of Company's payment gateway account and access to Authorize.Net Services pursuant to the attached Authorization for Single Direct Payment (ACH Debit) form.

IMPORTANT: You must also complete the "AUTHORIZATION FOR SINGLE DIRECT PAYMENT" form on Page 3.

****Monthly Gateway & Per-Transaction Fee.** Authorize.Net shall charge Company a Monthly Gateway Fee and Per-Transaction Fee in the amounts provided above. Billing shall commence upon the creation of the account, such fees will be billed automatically on a monthly basis to the bank account provided on Page 3.

Authorization. By signing below, I acknowledge and agree, on behalf of my Company and myself, that I am entering into binding contract with Authorize.Net and will be bound by the following terms and conditions: (i) I have authority to execute this authorization and agreement on behalf of my Company; (ii) I permit Authorize.Net to share any and all information contained in these Authorize.Net Payment Gateway Account & Merchant Account Setup Forms with its service partners for the purpose of establishing a Merchant Account, if applicable; (iii) billing for the Authorize.Net Payment Gateway Account in the amounts set forth above shall commence upon Company's execution below; and (iv) I agree to be bound by the terms and conditions of the Authorize.Net Payment Gateway Merchant Service Agreement ("Authorize.Net Gateway Agreement"), incorporated herein by reference and located at the following Web address:

http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf.

CompanyName: _____ **Signature:** _____

Print Name: _____ **PrintTitle** _____ **Date:** _____

AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBIT)

The Company listed below hereby authorizes Authorize.Net, LLC to initiate a debit entry to Company's account at the depository financial institution named below and to debit the same to such account for the amount listed below. Company acknowledges that the origination of ACH transactions to Company's account must comply with the provisions of U.S. law.

PAYMENT AND ACCOUNT INFORMATION

Bank Name: _____ **Account Type** (circle one): *Checking* *Savings*

Branch City: _____ **Branch State:** _____ **Zip Code:** _____

Routing Number (9 digits): _____ **Account Number:** _____

Amount: The amount of the Non-Refundable Setup Fee set forth on the Payment Gateway Account Setup Form.

Effective Date: The date that Authorize.Net receives Company's completed Account Setup Form and Authorization for Single Direct Payment (ACH Debit).

Note: See the example below if you need help finding your routing or account number.

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to Authorize.Net for the amount listed above is fully satisfied.

Print Company Name: _____

Print Corporate Employee Name: _____

Signature: _____

Date: _____

Please fax a voided check (no deposit slips) along with your completed form. This will be used to verify the bank account information provided.

A.B.A Routing Numbers Example

John Q. Public
123 Main Street
Your Town, USA 12345-6789

Date _____ 101

Pay to the order of: _____ DOLLARS _____

Memo _____

⑆000067894⑆ ⑆23456789⑆ 0101

Routing/Transit Number Account Number

APPENDIX B: MERCHANT ACCOUNT APPLICATION

IMPORTANT: Appendix B must be completed by merchants in need of a Merchant Account. If you already have a Merchant Account, you do not need to complete Appendix B.

STEP 1: MERCHANT ACCOUNT APPLICATION

Important Instructions: Fax the completed application to Brad Diamond at 801-492-6546.

Authorize.Net has relationships with leading companies in the payment processing industry, including our parent company CyberSource Corporation, to assist you in obtaining an Internet/Card Not Present Merchant Account. Upon submission of your application, we will review the information provided and match your application to the Merchant Account provider best suited to serve your particular business.

Please note that this is an application. There may be additional signatures and/or information requested by the account provider “underwriting” your Merchant Account application.

Authorize.Net will contact you with your Login ID and password for your payment gateway account. Once your Merchant Account is approved, Authorize.Net will also work with the Underwriting Department of the Merchant Account provider to obtain the information needed to allow your Authorize.Net account to process “Live” transactions.

STEP 2: COMPANY OFFICER / OWNER / PRINCIPAL INFORMATION – All fields required regardless of corporate structure of business.

Company Name: _____

Public company (Y/N): _____. If “Yes”, **Ticker Symbol:** _____.

Company Officer / Owner / Principal Name: _____

Title: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Home Phone Number: _____ **Mobile Number:** _____

SS Number: _____

Driver’s License Number: _____ **Driver’s License State:** _____

Owner Since: _____

What is your ownership percentage? _____ *(50% ownership is required.)*

If your ownership does not represent at least 50%, please list additional owners below.

Name	% Owner ship	Owner Since	Residence Address	City	State	Zip	SS Number

STEP 3: COMPANY INFORMATION

How long has your company been in business? Years: _____ Months: _____

Number of years in current location: _____

Is the business home based? Yes No

Do you sell services? Yes No

If you sell services, what is your billing frequency?

One time before delivery One time after delivery Monthly Recurring Quarterly Recurring Semi Annually Other

URL (Web site address) or eBay Seller ID: _____

Are your customers required to pay a deposit when ordering? Yes No

Do you currently accept credit cards? Yes No

If yes, Name of Processor: _____

If you do not now, have you ever accepted credit cards? Yes No

If yes, Name of Processor: _____

Reason for Cancellation: _____

Would you like to apply to accept:

American Express? Yes No

Discover? Yes No

If you currently accept American Express, what is your 10 digit account number? _____

If you currently accept Discover, what is your 15 digit account number? _____

What is your typical time frame until product/service is delivered? _____

What is your refund/exchange/cancellation policy? (select one): All Sales Final Exchange Only Other

Is your refund policy on your Web site? Yes No

Number of days that you will issue a full refund? _____

What is your warranty policy? (select one): In-House Manufacturer Only Don't Have One

Number of days that the product or service is under full warranty? _____

What is your Customer Support phone number? _____

Are you certified for PCI compliance? Yes No

For more information on PCI compliance, please visit: <https://www.pcisecuritystandards.org/tech>

The following three questions are required to "underwrite" your Merchant Account:

1. The average dollar amount you expect to process per transaction: _____

2. The maximum dollar amount you expect to process per transaction: _____

3. The maximum dollar amount per month you expect to process*: _____

* Estimate the realistic maximum total dollar amount your company will process with us in a given month, based on your monthly sales projections for the first/next six months. Please do not give us the total of your six months' projected sales.

Please include any additional comments you may have about your company, such as shipping, fulfillment, return or warranty policies that may help the bank underwrite your merchant account. If your Web site is not complete, please provide a completion time estimate.

Your Signature below is required to process your application.

STEP 4. AUTHORIZATION & PERSONAL GUARANTY – Owner’s Signature Required

The individual (“Applicant”) signing this application certifies, acknowledges and agrees that:

- I. Applicant is an authorized principal, partner, officer, or other authorized representative of Company that is authorized to bind Company to contractual obligations, and is authorized to provide the information contained in this Application;
- II. All information and documentation submitted in connection with this application is complete and correct in all material respects;
- III. Authorize.Net and CyberSource may share information contained in the Authorize.Net Payment Gateway Account & Merchant Account Setup Forms with its service partners and affiliates for the purpose of establishing a Merchant Account and to use such information as reasonably necessary during the course of providing the services contemplated hereunder;
- IV. Authorize.Net, CyberSource, their affiliates and partners, may obtain consumer reports, credit checks and/or other personal or credit information about Applicant and its principals, partners, and officers to verify the information contained in this Application and Applicant’s personal information will be retained in a fraud detection database;
- V. This application for Merchant Account services is subject to the approval of a Merchant Account provider. If this application is submitted to and approved by CyberSource Corporation, Applicant agrees to be bound by the terms and conditions of the CyberSource Merchant Service Agreement and any attachments thereto, including the Fee Schedule (collectively the “CyberSource Agreement”), attached hereto and incorporated herein by reference. If CyberSource does not approve your application, you will not be bound the CyberSource Agreement and Authorize.Net may send your application to another partner. In such event and if your application is approved, you will be provided with another Merchant Account agreement and fee schedule which you must agree to obtain a merchant account; and
- VI. Applicant has read, and agrees to all of the terms and conditions of the Guaranty for Merchant Account Services (“Guaranty”), attached and incorporated herein by reference. Applicant authorizes Authorize.Net, CyberSource and their partners and affiliates to obtain and verify, and to continue to obtain and verify, any information regarding Applicant that is reasonably related to Applicant’s obligations hereunder and the Guaranty, including, without limitation, financial credit reports. In any event, submission of card transactions by Company to Harris, N.A. (Bank) for processing constitutes agreement by Applicant to the terms and conditions of the Guaranty. If CyberSource does not approve your application, you will not be bound the CyberSource Guaranty.

YOU AGREE AND ACKNOWLEDGE THAT CYBERSOURCE, AUTHORIZE.NET, ITS AFFILIATES AND PARTNERS RESERVE THE RIGHT IN THEIR SOLE DISCRETION TO REJECT YOUR APPLICATION FOR THE SERVICES WITHOUT ANY FURTHER OBLIGATION TO YOU.

Company Name: _____

Owner’s Signature: _____

Print Name: _____

Date: _____