



PAYMENT GATEWAY ACCOUNT SETUP FORM

Welcome to Authorize.Net, and thank you for choosing us for your e-Commerce transaction needs. To set up your payment gateway account, please complete and fax the following pages:

- Payment Gateway Account Setup Form (Page 2)
- Authorization for Single Direct Payment (Page 3)
- Appendix A: Merchant Account Configuration Form

Questions?

If you have any questions about setting up an Authorize.Net Payment Gateway account, or need help determining who provides your Merchant Account:

Call Affiliate Sales at 877-320-8731.

Or visit the “How it Works” diagram at <http://www.authorize.net/resources/howitworksdiagram>.

Affiliate ID: 27622

PAYMENT GATEWAY ACCOUNT SETUP FORM

ATTENTION: Affiliate Sales

Phone Number: 877-320-8731, Fax Number: 650-286-6625, E-mail Address: affiliatesales@authorize.net

Instructions: Please fax the completed setup form to 650-286-6625 or email to affiliatesales@authorize.net.

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 (please be specific): Food & Beverage

STEP 2: PAYMENT AND ACCOUNT INFORMATION

Authorize.Net Payment Gateway Account Fees: **Non-Refundable Setup Fee*: \$0.00**

Monthly Gateway Fee: \$15.00**

Per-Transaction Fee: \$0.15**

Batch 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 and Batch Fee.** Authorize.Net shall charge Company a Monthly Gateway Fee, Per-Transaction Fee and Batch 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, the individual signing this application ("Applicant") 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; (ii) Authorize.Net may share information contained in these 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 Applicant's execution below; and (iv) Company agrees to be bound by the terms and conditions of the Authorize.Net Payment Gateway Merchant Service Agreement incorporated herein by reference and located at the following Web address: http://www.authorize.net/files/Authorize.Net_Service_Agreement.pdf.

CompanyName: _____ **Signature:** _____

Print Name: _____ **Print Title:** _____ **Date:** _____

Affiliate ID: 27622

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: _____

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

Affiliate ID: 27622

APPENDIX A: MERCHANT ACCOUNT CONFIGURATION FORM

IMPORTANT: Appendix A must be completed by merchants with active Merchant Accounts.

Company Name: _____

STEP 1: Credit Card Types that your Merchant Account is Currently Configured to Accept

Accepted Cards (select all that apply): *Visa/MasterCard American Express Discover Diner's Club JCB Enroute*

STEP 2: Merchant Account Processor Configuration Information

Instructions: Please provide the requested information for the processor that is associated with your merchant account. **You need only provide information for ONE processor.**

Chase Paymentech – Tampa Platform

Client (4 digits): ____ Merchant # (Gensar #) (12 digits): _____ Terminal # (TID) (3 digits): ____

FDMS Concord EFSNet

BuyPass / Terminal # (TID) (6 digits): _____ Merchant ID (MID) (2 digits): ____

First Data Merchant Services (FDMS) – Nashville Platform

Merchant ID (MID) (6-7 digits): _____ Terminal ID (TID) (6-7 digits): _____

First Data Merchant Services (FDMS) – Omaha Platform

Merchant ID (MID) (15 or 16 digits): _____

Global Payments – East Platform

Acquirer Inst. ID (Bank ID) (6 digits): ____ Merchant ID (MID) (Usually 16 digits): _____

Elavon (formerly Nova)

Bank # / Term BIN (6 digits): _____ Terminal ID (TID) (16 digits): _____

Pay By Touch (formerly CardSystems)

Acquirer BIN (6 digits): _____ Terminal ID (TID) (10 digits): _____

RBS Lynk (formerly LynkSystems)

Acquirer BIN (6 digits): _____ Store # (4 digits): _____ Terminal # (TID) (4 digits): _____

Merchant # (12 digits): _____ Merchant Category Code (4 digits): ____

Market Type (select one): *E-Commerce MOTO Retail*

TSYS Acquiring Solutions (formerly Vital)

Acquirer BIN (6 digits): _____ Agent Bank # (6 digits): _____

Agent Chain # (6 digits): _____ Category Code (4 digits): _____ Terminal # (TID) (4 digits): _____

Store # (4 digits): _____ Merchant # (12 digits): _____

Affiliate ID: 27622