

PAYMENT GATEWAY AND OPTIONAL MERCHANT ACCOUNT SETUP FORM

ATTENTION: Dave Glass, RESELLER NAME: Techno-Topics RESELLER ID: 6493

Phone Number: 801-492-6509, Fax Number: 801-492-6546, E-mail Address: dglass@authorize.net

Instructions: Please fax the completed setup form to 801-492-6546. If you have any questions about this form, please call Dave Glass at 801-492-6509

STEP 1: COMPANY INFORMATION

Company Name: _____

Company Address Line One: _____

Company Address Line Two: _____

City: _____ State: _____ ZIP Code: _____

Company Phone Number: _____ Company Fax Number: _____

Direct Company E-Mail Address: _____

Business Type (circle one): *Corporation* *Non-Profit Corporation* *LLC* *Sole Proprietorship* *LLP*

Detailed Description of Products or Services Sold:

Company Officer / Owner / Principle Name: _____

Title: _____ Tax ID or Social Security Number: _____

STEP 2: PAYMENT AND ACCOUNT INFORMATION – IMPORTANT: You must also complete the “AUTHORIZATION FOR SINGLE DIRECT PAYMENT” form on Page 2

FEES: **Non-Refundable Setup Fee:** \$149
Monthly Gateway Fee: \$20
Per-Transaction Fee: \$0.10

Authorize.Net shall charge Company a Monthly Gateway Fee and Per-Transaction Fee in the above amounts pursuant to Company's acceptance of the Authorize.Net Service Agreement and the terms and conditions therein. These fees will be billed automatically on a monthly basis to the bank account listed in Appendix A once you have activated your payment gateway account.

Company agrees to pay to Authorize.Net a one-time non-refundable fee in the amount of _____ for the setup of Company's payment gateway account and access to the Authorize.Net Services (the "Setup Fee"), pursuant to the terms of this Payment Gateway Account Setup Form and the attached Authorization for Single Direct Payment (ACH Debit) form.

Company agrees that by signing below: (i) it permits Authorize.Net to share any and all information contained herein with its service partners for the purpose of establishing a Merchant Account, if applicable; and (ii) further agrees to be bound by the terms and conditions set forth in the Authorize.Net Service Agreement, incorporated herein by reference, which can be found at: http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf.

Company's signature confirms acceptance of the Setup, Monthly, and Per-Transaction fees.

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBIT)

Authorize.Net Corp.
915 South 500 East, Suite 200
American Fork, Utah 84003
(801) 818-3311

RE: ACH Authorization for one-time Setup Fee in consideration of the payment gateway account set-up services provided to Company by Authorize.Net Corp. (Authorize.Net).

The Company listed below hereby authorizes Authorize.Net to initiate a debit entry to Company's checking account at the depository financial institution named below, hereinafter called Depository, 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): <i>Checking</i> <i>Savings</i>
Branch City: _____	Branch State: _____ ZIP Code: _____
Routing Number (9 digits): _____	Account Number: _____
Amount: \$149.00	Effective Date: _____
The amount of the Non-Refundable Setup Fee set forth on the Payment Gateway Account Setup Form.	The date that Authorize.Net Corp. receives Company's completed Payment Gateway Account Setup Form and Authorization for Single Direct Payment (ACH Debit).

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. The specific debit to Company's account authorized herein may only post on or after the Effective Date listed above, and in no event may the debit transaction post to Company's account prior to said date.

Company may only revoke this authorization by contacting Authorize.Net directly at the address and phone number listed above, and only in the case that it cancels the set-up services provided by Authorize.Net on the date that Authorize.Net received Company's completed Payment Gateway Account Set-Up Form and Authorization for Single Direct Payment (ACH Debit). **Company further agrees to be bound by the terms and conditions set forth in the current Authorize.Net Service Agreement, incorporated herein by reference, which can be found at:** http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf.

_____	_____
Print Company Name:	Date
_____	_____
Print Corporate Employee Name:	Signature:

Please fax a voided check along with your completed form. This will be used to verify the bank account information provided.

STEP 3: MERCHANT ACCOUNT INFORMATION
What is a Merchant Account? A merchant account is a type of account established with a bank or merchant service provider for the settlement of credit card transactions. Any merchant who wants to accept credit card transactions must establish a merchant account. Internet merchants need a "Card Not Present" merchant account.
If you already have a merchant account, complete Appendix A. You DO NOT need to complete Appendix B.
If you need a merchant account, complete Appendix B. You DO NOT need to complete Appendix A.
If you need help determining if you already have a merchant account or have any other questions, please call Dave Glas at (801) 492-6509

APPENDIX A: MERCHANT ACCOUNT SETUP FORM

ATTENTION: Dave Glass

Phone Number: 801-492-6509, Fax Number: 801-492-6546, E-mail Address: dglass@authorize.net

IMPORTANT: Appendix A must be completed by Merchants with active Merchant Accounts. If you DO NOT yet have a Merchant Account, you need to complete Appendix B.

STEP 1: CREDIT CARD TYPES THAT YOUR MERCHANT ACCOUNT IS CURRENTLY CONFIGURED TO ACCEPT

Accepted Cards (circle 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 only need to provide information for ONE processor.** If you do not know this information, please contact _____ at _____, who would be happy to assist you.

First Data Corporation (FDC) – Nashville Platform

Merchant ID (MID) (7-11 digits): _____ Terminal ID (TID) (7-11 digits): _____

First Data Corporation (FDC) – Omaha Platform

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

Nova

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

Vital

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

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

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

Global

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

Paymentech

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

Concord EFS

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

CardSystems Solutions

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

Lynk Systems

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

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

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

APPENDIX B: INTERNET MERCHANT ACCOUNT SETUP FORM: DAVE GLASS

IMPORTANT: Appendix B must be completed by Merchants in need of an Internet Merchant Account. If you ALREADY HAVE an Internet Merchant Account, you do not need to complete Appendix B. Please verify that you have completed Appendix A.

STEP 1: MERCHANT ACCOUNT SETUP

Instructions: If you need an Internet / Card Not Present Merchant Account, you must complete this setup form and fax it to your Authorize.Net Sales Representative.

Authorize.Net has relationships with leading companies in the payment processing industry to help you obtain an Internet / Card Not Present Merchant Account. Authorize.Net 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 a pre-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. 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 / PRINCIPLE INFORMATION – *All fields required regardless of corporate structure of business.*

Company Officer / Owner / Principal Name: _____

Title: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone Number: _____

Driver's License Number: _____ Driver's License State: _____

Social Security Number: _____ Are there additional owners of the company? Yes No

STEP 3: COMPANY INFORMATION

Date Established: _____ Number of Years in Current Location: _____

Description of Products or Services Sold: _____

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: _____

