



Your Gateway to IP Transactions™

# PAYMENT GATEWAY AND OPTIONAL MERCHANT ACCOUNT SETUP FORM

**ATTENTION:** Carlos Caceres

Phone Number: (801) 492-6516 , Fax Number: 801-492-6546, E-mail Address: ccaceres@authorize.net

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

Carlos Caceres at (801) 492-6516

STEP 1: COMPANY INFORMATION		
Company Name: _____		
Company Officer / Owner / Principal Name: _____		
Title: _____	Tax ID or Social Security Number: _____	
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 (circle one): <i>Corporation</i> <i>Non-Profit Corporation</i> <i>LLC</i> <i>Sole Proprietorship</i> <i>LLP</i>		
Market Type (circle one): <i>Card Not Present (CNP)/E-commerce</i> <i>Mail Order/Telephone Order (MOTO)</i> <i>Card Present (CP)/Retail</i>		
Software Used to Submit Transactions to Authorize.Net: _____		
Detailed Description of Products or Services Sold: _____		

STEP 2: PAYMENT AND ACCOUNT INFORMATION – IMPORTANT: You must also complete the “AUTHORIZATION FOR SINGLE DIRECT PAYMENT” form on Page 2	
<b>FEES:</b> <b>Non-Refundable Setup Fee:</b> \$299.00 <b>Monthly Gateway Fee:</b> \$20.00 <b>Per-Transaction Fee:</b> \$0.10	
<b>Monthly Gateway &amp; Per-Transaction Fee.</b> Authorize.Net shall charge Company a Monthly Gateway Fee and Per-Transaction Fee in the amounts provided above. Billing shall commence upon the execution date of this Account Setup Form and such fees will be billed automatically on a monthly basis to the bank account provided on page 2.	
<b>Non-Refundable Setup Fee:</b> 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 the Authorize.Net Services (the “Setup Fee”), pursuant to the attached Authorization for Single Direct Payment (ACH Debit) form.	
<b>Company agrees that by signing below:</b> (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: <a href="http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf">http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf</a> .	
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	
<b>Bank Name:</b> _____	<b>Account Type (circle one):</b> <i>Checking</i> <i>Savings</i>
<b>Branch City:</b> _____	<b>Branch State:</b> _____ <b>ZIP Code:</b> _____
<b>Routing Number (9 digits):</b> _____	<b>Account Number:</b> _____
<b>Amount:</b> \$299.00 The amount of the Non-Refundable Setup Fee set forth on the Payment Gateway Account Setup Form.	<b>Effective Date:</b> 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](http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf)

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

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

STEP 3: MERCHANT ACCOUNT INFORMATION
<b>What is a Merchant Account?</b> 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.
<b>If you already have a merchant account,</b> complete Appendix A. You DO NOT need to complete Appendix B.
<b>If you need a merchant account,</b> complete Appendix B. You DO NOT need to complete Appendix A.
<b>If you need help determining if you already have a merchant account or have any other questions, please call</b> Carlos Caceres <b>at</b> (801) 492-6516

# FRAUD DETECTION SUITE APPLICATION

Please fill out completely and fax back to (801) 492-6546 Attn:

The Fraud Detection Suite is provided as an add-on to the payment gateway services. Additional fees, terms and conditions apply as set forth in the Fraud Detection Suite Addendum ("the Addendum"). By agreeing to the Addendum, terms and conditions you agree to pay all applicable service fees in accordance with the payment terms of the Addendum and your payment gateway service agreement.

Fraud Detection Suite Pricing	
One-Time Set-Up Fee	\$0.00
Monthly Service Fee:	\$5.00

The Fraud Detection Suite only screens authorization-only and authorization-capture credit card transactions processed via the Advanced Integration Method, Simple Integration Method and WebLink; in accordance with the filters and settings you enable and monitor on an ongoing basis. The Fraud Detection Suite does not filter eCheck.Net, Virtual Terminal, Batch Upload, Automated Recurring Billing or credit transactions.

## FRAUD DETECTION SUITE ADDENDUM AND APPLICATION

In order for You, on behalf of Your company, to obtain or continue using the Authorize.Net Fraud Detection Suite (the "Fraud Detection Suite") as described at <http://www.authorizenet.com>, as such descriptions may be changed by Authorize.Net from time to time, You must first agree to this Fraud Detection Suite Addendum (the "Addendum") and to the Authorize.Net Service Agreement and/or the eCheck.Net Standard Terms (each, individually, the "Agreement" or, as the case may be, collectively the "Agreements") that You consented to prior to obtaining or using the Authorize.Net Payment Gateway services. By clicking on the "I Agree" button, You are agreeing to be legally bound by all of the terms and conditions of the Addendum and its additional terms.

### Additional Terms

1. The term Fraud Detection Suite will be considered an Authorize.Net Service as that term is defined in the Agreement and each party will be entitled to the same respective rights and obligations arising from the Agreement with respect to the use of the Fraud Detection Suite.

2. You shall pay the fees set forth in the Fraud Detection Suite Fee Schedule (the "Fraud Detection Suite Fees") provided to You by Authorize.Net and/or, if applicable, a Merchant Service Provider in accordance with the payment terms in the Agreement. The Fraud Detection Suite Fee Schedule is hereby incorporated into the Agreement by reference.

3. You represent, warrant, and covenant to Authorize.Net that Your use of the Fraud Detection Suite and any information gathered by You in connection with the Fraud Detection Suite: a) will be fully compliant with all applicable local, state and federal laws, rules, and regulations; b) will be in accordance with all applicable user guides, technical specifications, and other documentation as updated by Authorize.Net from time to time; and c) will not be (by You or others) used for any purpose other than in connection with the Fraud Detection Suite and in a manner described in the documentation for the Fraud Detection Suite.

4. You understand, acknowledge, and agree that you will be solely responsible for ALL transactions processed through your Payment Gateway Account, regardless of whether such transactions are monitored by the Fraud Detection Suite. You understand, acknowledge, and agree that You will be solely responsible for Your use of the Fraud Detection Suite including, without limitation:

- Configuring, maintaining and updating, as You deem necessary, the Fraud Detection Suite settings for Your Fraud Detection Suite account;
- With respect to each Transaction processed via your Payment Gateway Account, and regardless of any data, analysis, or information generated or not generated by the Fraud Detection Suite, determining the appropriate action (i.e., approve, void, decline, reject) for each such Transaction.

5. IN ADDITION TO ANY LIMITATIONS OR DISCLAIMERS SET FORTH IN THE AGREEMENT, YOU UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THE FRAUD DETECTION SUITE

IS PROVIDED TO YOU BY AUTHORIZE.NET "AS IS" AND THAT AUTHORIZE.NET DOES NOT REPRESENT OR WARRANT THAT THE FRAUD DETECTION SUITE OR ANY OTHER TECHNOLOGY, CONTENT, INTELLECTUAL PROPERTY, OR ANY OTHER INFORMATION, DATA, PRODUCTS, OR SERVICES, WILL BE AVAILABLE, ACCESSIBLE, UNINTERRUPTED, TIMELY, SECURE, ACCURATE, COMPLETE, OR ERROR-FREE, AND THAT YOUR SOLE REMEDY FOR ANY ISSUE RELATED TO OR ARISING FROM THIS AGREEMENT AND/OR THE FRAUD DETECTION SUITE, AND AUTHORIZE.NET'S SOLE LIABILITY FOR SAME, WILL BE TO TERMINATE THIS AGREEMENT AND DISCONTINUE YOUR USE OF THE FRAUD DETECTION SUITE.

6. You acknowledge that in addition to Authorize.Net's other permitted uses of the Data, Authorize.Net shall have the right to provide Data to financial institutions, law enforcement agencies, card associations, and Your Merchant Service Provider for investigative or dispute resolution purposes.

7. The risk and security suggestions provided to you in the documentation for the Fraud Detection Suite are solely for illustrative purposes to show best industry practices, and You shall be solely responsible for choosing the appropriate settings and parameters for your Fraud Detection Suite account.

8. If your Fraud Detection Suite account is terminated by You or Authorize.Net at any time, Authorize.Net shall have the right to immediately upon termination cancel Your access to the Fraud Detection Suite. It is Your responsibility to download all reports prior to the effective date of any such termination.

9. The terms and conditions of this Addendum will control in the event of a conflict between the Agreement and this Addendum regarding Your use of the Fraud Detection Suite.

10. All terms and conditions of the Agreement not specifically modified in this Addendum shall remain unchanged and in full force and effect.

11. Unless separately defined herein, capitalized words used in this Addendum as defined terms shall have the same meanings herein as in the Agreement.

**I understand that by agreeing to the Fraud Detection Suite Addendum I am responsible for all applicable service fees, terms and conditions as listed above.**

### MERCHANT:

Signature

Date

Print Name

Print Title

Business Name