



PAYMENT GATEWAY ACCOUNT SETUP FORM

ATTENTION: Gateway Setup Dept

Phone Number: 888-497-2221, Fax Number: 888-288-5507, E-mail Address: sales@icplusmerchantservices.com

Instructions: Please fax the completed setup form to 888-288-5507 Secure Fax Server.

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 (MOTO/CNP/E-commerce) or \$15.00 (CP)
Per-Transaction Fee:** \$0.10
Per-Batch Fee:** \$0.25

***Non-Refundable Setup Fee:** Company agrees to pay to Authorize.Net and Interchange Plus Merchant Services, 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 2.

****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 2.

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.

Company Name: _____ Signature: _____

Print Name: _____ Print Title _____ Date: _____

Reseller ID: 15924
Reseller Name: Interchange Plus Merchant Services, LLC



AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBIT)

The Company listed below hereby authorizes Authorize.Net, LLC and Interchange Plus Merchant Services 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): <i>Checking</i> <i>Savings</i>
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.

