

Fax Cover Sheet and Application Checklist

Attention: Karisty Welsh	From:
Company: Authorize.Net	Date:
Fax Number: (801) 492-6546	Total No. of Pages (including cover):
Reseller Name:Think Computer Corporation	Reseller ID:3187-1

Checklist for Submitting an Authorize.Net® Payment Gateway and Optional Merchant Account Setup Form

If You Have an Existing Merchant Account: Complete and fax the following pages:

- Payment Gateway and Optional Merchant Account Setup Form**
- Authorization for Single Direct Payment**
- Appendix A: Merchant Account Configuration Form**

Authorize.Net® Payment Gateway Fees:

One-Time Set up Fee:	\$99
Monthly Gateway Fee:	\$17.95
Per-Transaction Fee	\$0.10

If You Need a Merchant Account: Complete and fax the following pages:

- Payment Gateway and Optional Merchant Account Setup Form**
- Authorization for Single Direct Payment**
- Appendix B: Internet Merchant Account Setup Form**

Authorize.Net has several merchant account partners that can help you obtain a merchant account. Actual rates and fees will be presented to you before you commit to a merchant account from one of our partners.

Estimated Merchant Account Fees (In addition to the Authorize.Net® Payment Gateway Fees):

One-Time Setup Fee:	\$0
Monthly Service/Statement Fee:	\$9.95
Transaction Fee:	\$0.25
VISA/MasterCard Qualified Discount Rate:	2.19%
Monthly Processing Minimum Fee *:	\$25.00

For information regarding large volume pricing, please call (866) 437-0476

***Monthly Processing Minimum Fee:** There is a \$25.00 Monthly Processing Minimum Fee for every merchant account. This is the minimum amount you must pay each month for your Visa/MasterCard processing. However, this fee is only billed when it is not exceeded by your monthly transaction fees. **Example:** If your rate is 2.19% and you sell **\$1200** in goods or services during one month, your total Visa/MasterCard processing fees would be \$26.28 (\$1200 x 2.19% = \$26.28). This amount is greater than the \$25.00 Monthly Processing Minimum Fee, so you would not be billed the minimum fee for the month.

PAYMENT GATEWAY AND OPTIONAL MERCHANT ACCOUNT SETUP FORM

ATTENTION: Karisty Welsh

Phone Number: 801-492-6485, Fax Number: 801-492-6546, E-mail Address: kwelsh@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): <i>Corporation</i> <i>Non-Profit Corporation(must send copy of 501c3)</i> <i>LLC</i> <i>Sole Proprietorship</i> <i>LLP</i>		
Market Type(select one): <i>Card Not Present (CNP)/E-commerce</i> <i>Mail Order/Telephone Order (MOTO)</i> <i>Card Present (CP)/Retail</i>		
Company Web Address (URL) (If you have one): _____		
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	
FEES: Non-Refundable Setup Fee: \$99.00 Monthly Gateway Fee: \$17.95 Per-Transaction Fee: \$0.10	
<p>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 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.</p> <p>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 the Authorize.Net Services (the “Setup Fee”), pursuant to the attached Authorization for Single Direct Payment (ACH Debit) form.</p> <p>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; (ii) billing shall commence upon Company’s execution of the this Account Setup Form; and (iii) agrees to be bound by the terms and conditions of the Authorize.Net Merchant Service Agreement, incorporated herein by reference and located at the following Web address: http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf.</p>	
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 (select 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 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 Authorize.Net Merchant Service Agreement, incorporated herein by reference and located at the following Web address: 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
<p>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.</p> <p>If you already have an Internet enabled merchant account, complete Appendix A. You DO NOT need to complete Appendix B.</p> <p>If you need a merchant account, complete Appendix B. You DO NOT need to complete Appendix A.</p> <p>If you need help determining if you already have a merchant account or have any other questions, please call Karisty Welsh at 801-492-6485.</p>

FRAUD DETECTION SUITE™ APPLICATION

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

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

AUTOMATED RECURRING BILLING™ APPLICATION

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

Our Automated Recurring Billing™ (ARB) is an ideal solution if you provide subscription-based products or services, or would like to provide your customers with an installment-based payment option for high ticket purchases.

ARB allows you to create a "subscription" or recurring transaction on the payment gateway. Simply provide the customer's payment information, a payment schedule and the subscription duration, and ARB does the rest for you—generating subsequent transactions automatically.

Highlights of the ARB service include:

- Flexible billing intervals, from weekly to annually and anything in between
- Create upfront trial periods and pricing
- Multiple methods for creating ARB subscriptions manually in the Merchant Interface
 - Enter subscription information into a form (similar to Virtual Terminal)
 - Create a subscription based on a previous transaction
 - Upload a file of subscription records
- Ability for Advance Integration Method (AIM) merchants to create and manage subscriptions automatically using the ARB application programming interface (API).
 - Expedites the creation and management of large volume subscriptions
 - Provides your customers with subscription or installment-based payment options on your Web site payment form
 - Easily integrates with proprietary solutions, eliminating the need to update or cancel subscriptions manually

In addition, with ARB, your customers' payment information is safely stored in our highly secure data center, which complies with the Payment Card Industry (PCI) Data Security Standard.

Automated Recurring Billing (ARB) Pricing	
One-Time Set-Up Fee	\$0.00
Monthly Service Fee:	\$10.00

I understand that by signing up for the Automated Recurring Billing (ARB) Service I am responsible for all applicable service fees as listed above.

MERCHANT:

Signature

Date

Print Name

Print Title

Business Name

APPENDIX A: MERCHANT ACCOUNT CONFIGURATION FORM

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 (select all that apply): <i>Visa/MasterCard</i> <i>American Express</i> <i>Discover</i> <i>Diner's Club</i> <i>JCB</i> <i>Enroute</i>

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 Karisty Welsh at 801-492-6485 who would be happy to assist you.

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): _____

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

TSYS Acquiring Solutions (formerly Vital)
Acquirer BIN (6 digits): _____ Agent Bank # (6 digits): _____
Agent Chain # (6 digits): _____ Category Code (4 digits): _____ Terminal Number (TID) (4 digits): _____
Store # (4 digits): _____ Merchant # (12 digits): _____

Global Payments – East Platform
Acquirer Inst. ID (Bank ID) (6 digits): _____ Merchant ID (MID) (Usually 16 digits): _____

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): _____

Pay By Touch Processing Solutions (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): <i>E-Commerce</i> <i>MOTO</i> <i>Retail</i>

APPENDIX B: INTERNET MERCHANT ACCOUNT SETUP FORM

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: Karisty Welsh.

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 Name: _____

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: _____

Would you like to apply to accept American Express? Yes No Discover? Yes No

Note: Discover charges a \$25 setup fee

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

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? _____

Following three questions are required to "underwrite" your Merchant Account

Monthly Visa/MC sales (realistic estimate is ok): \$ _____

Average per transaction amount (realistic estimate is ok): \$ _____

Maximum per transaction amount (realistic estimate is ok): \$ _____

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.
