

<b>ECHECK.NET® SERVICE APPLICATION FAX COVER AND CHECKLIST</b>	
<b>To:</b> Roger Gardner	<b>From:</b>
<b>Company:</b> Authorize.Net	<b>Date:</b>
<b>Fax Number:</b> 801-492-6546	<b>Total No. of Pages (including cover):</b>

## Instructions for Submitting an eCheck.Net® Service Application

**PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY TO AVOID DELAYS IN PROCESSING.**  
*Incomplete applications cannot be processed.*

**Step 1:** Find the business type below that best describes your business and processing needs and provide all the required information:

<b>Business Type 1</b>	<p><b>Applicants who will personally guarantee their account and will process <u>less than \$20,000.00 a month</u> and <u>less than \$1000.00 per single item transaction.</u></b></p> <p><input type="checkbox"/> Complete sections #1, #2, #5 and #6 of the attached eCheck.Net Service Application.</p> <p><input type="checkbox"/> Provide name, signature and additional information of Personal Guarantor (see section 5 of application).          Additionally, provide <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A legible copy of the Personal Guarantor's most recent bank statement.</li> <li><input type="checkbox"/> A legible copy of the Personal Guarantor's current, valid U.S. driver's license or a current, valid, legible copy of another state-issued photo identification.</li> </ul>
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<b>Business Type 2</b>	<p><b>Applicants who will personally guarantee their account and will process <u>more than \$20,000.00 a month</u> OR <u>more than \$1000.00 per single item transaction,</u></b>  <b style="text-align: center;">-OR-</b></p> <p><b>Corporations and other business types in operation for <u>less than TWENTY-FOUR (24) MONTHS</u></b></p> <p><input type="checkbox"/> Complete ALL sections of the attached eCheck.Net Service Application.</p> <p><input type="checkbox"/> Provide Articles of Incorporation/Organization, if applicable (for non-profits, provide IRS proof of non-profit status).</p> <p><input type="checkbox"/> Provide name, signature and additional information of Personal Guarantor(s) (see section 5 of application).          Additionally, provide <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A legible copy of the Personal Guarantor's most recent monthly bank statement.</li> <li><input type="checkbox"/> A legible copy of the Personal Guarantor's current, valid U.S. driver's license or a current, valid, legible copy of another state-issued photo identification .</li> </ul> <p>AND provide <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A valid corporate stock ticker (see section 1 of the eCheck.Net Service Application).</li> <li><input type="checkbox"/> All available financial statements, including profit/loss AND balance sheet (must be signed by an officer), OR all available signed corporate tax returns.</li> </ul>
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<b>Business Type 3</b>	<p><b>Corporations who have been in business for TWENTY-FOUR (24) MONTHS OR LONGER:</b></p> <p><input type="checkbox"/> Complete sections #1, #2, #3, #4, and #6 of the attached eCheck.Net Service Application.</p> <p><input type="checkbox"/> Provide Articles of Incorporation/Organization (for non-profits, provide IRS proof of non-profit status).          Additionally, provide <u>one</u> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A valid corporate stock ticker (see section 1 of the eCheck.Net Service Application).</li> <li><input type="checkbox"/> Two most recent, <u>complete</u> years (calendar or fiscal) of your historical financial statements. This includes year-end profit/loss and year-end balance sheets, <u>AND</u> current, year-to-date profit/loss and balance sheet. All financials must be signed by a corporate officer.</li> <li><input type="checkbox"/> Signed corporate tax returns representing the two most recent full years AND current, year-to-date profit/loss and balance sheet. All financials must be signed by a corporate officer.</li> </ul>
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**Step 2:** Print out and fax OR mail **all pages** of the completed and signed application, **and all other required documents specified for your business type** to: (Fax) (425) 945-7920 or (Mail) eCheck.Net Underwriting Department, Authorize.Net Corp., 915 South 500 East, Suite 200, American Fork, Utah 84003.

This eCheck.Net Service Application is provided by AUTHORIZE.NET CORP., a Delaware corporation whose principal place of business is 915 South 500 East, Suite 200, American Fork, Utah 84003. Authorize.Net is a wholly owned subsidiary of Authorize.Net Holdings, Inc., a Delaware corporation whose principal place of business is in Marlborough, MA.

**SECTION 1: Applicant Information**

**Company Name:** \_\_\_\_\_

**Doing Business As:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_

**Authorize.Net Payment Gateway ID:** \_\_\_\_\_ (If your gateway is not set up yet this will be provided by your sales representative)

**Company Stock Ticker** (if publicly traded): \_\_\_\_\_ **Federal Tax ID #**(if Corporation): \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **City/State/ZIP Code:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Business Fax #:** \_\_\_\_\_

**Description of Products:** \_\_\_\_\_

**Website URL:** \_\_\_\_\_

*~~ Note: If URL is not available please provide a detailed product and pricing list or product brochure.*

**Contact Name:** \_\_\_\_\_ **Contact Title:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

1. **Does Applicant have or had any previous accounts with Authorize.Net?**  
 Yes  No  If Yes, list all Authorize.Net Payment Gateway ID(s): \_\_\_\_\_
2. **Does Applicant have any outstanding judgments or liens pending against them?**  
 Yes  No  If Yes, please attach an explanatory letter.

**SECTION 2: Answer the Following Questions About Electronic Check Processing**

1. Provide up to a **10-Character Descriptor** for your business name. \_\_\_\_\_  
*This will appear on your customers' bank statements to assist them in identifying transactions.*

2. **Please indicate how you, the Merchant, will receive authorization for ACH transactions (check only those that apply).**

If you accept payments from Consumers, select from the following options:

- WEB:** Consumer gives Merchant authorization to debit their bank account via the Internet.
- PPD:** Consumer gives Merchant advanced authorization to debit or credit their bank account in writing.
- TEL:** Consumer calls Merchant to place an order, or Merchant calls an existing customer, and customer provides payment authorization for a single debit to their bank account.

If you accept payments from corporations, select the following option:

- CCD:** Corporate entity has an agreement with the Merchant which authorizes the Merchant to debit or credit the corporate business account.

If you convert paper checks into ACH payments, select from the following options:

- ARC:** Customers send checks to the Merchant via U.S. mail or drop box, and the merchant converts the check to an electronic payment using a MICR reading device.
- BOC:** Customer hands a check to the Merchant in a retail environment, and the merchant later converts the check to an electronic payment using a MICR reading device.

**\*\* PLEASE NOTE** As defined in the Automated Clearing House (ACH) rules, each transaction type must comply with specific ACH Rules. Prior to submitting transactions, please become familiar with the rules and authorization requirements for the transaction types you will be processing. For details on ACH compliance, read the [eCheck.Net Operating Procedures and User Guide](http://www.authorize.net/files/echecknetuserguide.pdf) found at <http://www.authorize.net/files/echecknetuserguide.pdf>.

3. **Has Applicant ever been terminated or cited for violating an Automated Clearing House (ACH) rule?**  
 Yes  No  If Yes, please attach a detailed explanatory letter.

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**SECTION 3: Enter Requested Transaction Processing Limits**

1. The **average amount** you expect to process per eCheck.Net transaction: \_\_\_\_\_
  2. The **maximum per item amount** you expect to process per eCheck.Net transaction: \_\_\_\_\_  
*\*Note: If your maximum per-item needs are greater than \$1000.00, financial documents are required (see coversheet-business type 2 and type 3 for details).*
  3. The **maximum monthly amount** you expect to process using eCheck.Net: \_\_\_\_\_  
*\*Note: If your maximum monthly processing needs exceed \$20,000.00, financial documents are required (see coversheet-business type 2 and type 3 for details).*
- If your eCheck.Net processing needs change you may request a limit increase by sending an e-mail to [eCheckchangerequests@authorize.net](mailto:eCheckchangerequests@authorize.net).*

**SECTION 4: Enter Information for Corporate Officer(s) or Principal(s) Below**

Name: _____	Title: _____
Phone Number: _____	Email Address: _____
Name: _____	Title: _____
Phone Number: _____	Email Address: _____
Name: _____	Title: _____
Phone Number: _____	Email Address: _____

**SECTION 5: Personal Guarantor – THIS SECTION IS REQUIRED ONLY for Corporations or businesses in operation for less than twenty-four (24) months; and Sole Proprietors. \***

Print Name: _____	Title: _____
Social Security #: _____	Date of Birth: _____
Street Address: _____	
City/State/ZIP Code: _____	Years at This Address: _____
Home Phone #: _____	Email Address: _____

*\*For Sole Proprietors, the Personal Guarantor is the same person as the Sole Proprietor. This section must also be completed.*

**SECTION 6: Application Signature\***

**Application and Acceptance.** Authorize.Net shall notify Merchant if it approves its Application. Authorize.Net reserves the right to accept or reject any Application for any reason in its sole discretion. Upon Authorize.Net's approval of Merchant's eCheck.Net Application and prior to Merchant's use of the eCheck.Net Service, Merchant must accept and agree to the terms and conditions of the eCheck.Net Service Agreement located online in the Merchant Interface. (A copy of the eCheck.Net Service Agreement is attached to the eCheck.Net Application for Merchant's reference.)

**Additional Restrictions.** Authorize.Net reserves the right to accept Merchant's eCheck.Net Application subject to additional restrictions, including, but not limited to: (a) eCheck.Net per-transaction and monthly ACH processing restrictions, and (b) the amount, if any, required to be deposited in a reserve account prior to activation of Merchant's eCheck.Net ACH processing account (collectively, the "**Account Restrictions**").

Merchant: _____ <small>Print Company Name</small>	Type of Entity: _____ <small>e.g., Sole Proprietor, Partnership, Corporation, LLC,</small>
Name: _____ <small>Print name of Signer</small>	Title: _____
By: _____ <small>Signature of Principal, Corporate Officer, Sole Proprietor or Personal Guarantor</small>	Date: _____

*\*If you are a Sole Proprietor or Partnership, or are providing a Personal Guarantor in place of corporate financial statements, your signature also authorizes Authorize.Net to obtain your current personal credit history.*

**FAILURE TO PROVIDE ALL OF THE REQUIRED INFORMATION**  
**WILL DELAY THE PROCESSING OF YOUR APPLICATION**