

Your Gateway to IP Transactions™

Fax Cover Sheet and Application Checklist

Attention:	From:
Company: Authorize.Net	Date:
Fax Number: (801) 492-6546	Total No. of Pages (including cover):
Reseller Name: Web Spinners, Llc.	Reseller ID: 1517

Checklist for Submitting an Authorize.Net® Payment Gateway and Optional Merchant Account Set-up Form

If You Have an Existing Merchant Account:	Complete and fax the following pages:
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- □ 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: \$149

Monthly Gateway Fee: \$20

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: 2.39%

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 <u>not</u> exceeded by your monthly transaction fees. <u>Example:</u> If your rate is 2.39% and you sell \$1200 in goods or services during one month, your total Visa/MasterCard processing fees would be \$28.68 (\$1200 x 2.39% = \$28.68). This amount is greater than the \$25.00 Monthly Processing Minimum Fee, <u>so you would not be billed the minimum fee</u> for the month.



[™] Your Gateway to IP Transactions [™]

PAYMENT GATEWAY SETUP FORM

ATTENTION: Sales Department RESELLER NAME: Web Spinners, Llc.

ID: 1517

Instructions: Please fax the completed setup form to 801-492-6546. If you have any questions about this form, please call our **Sales Department** at (866) 437-0476 or by e-mail at sales@authorize.net

STEP 1: COMPANY INFORMATION			
Company Name:			
Company Officer / Owner / Principa	al Name:		
Title:	Tax II	D or Social Security Numb	per:
Company Address (No P.O. Boxes) City:			
Company Phone Number:		Company Fax Number: _	· · · · · · · · · · · · · · · · · · ·
E-Mail Address:			· · · · · · · · · · · · · · · · · · ·
Business Type (circle one): Corpo	ration Non-Profit Corp	oration LLC Sole Proprie	etorship LLP
Market Type (circle one): Card Not Pi	resent (CNP)/E-commerce	Mail Order/Telephone Order (I	MOTO) Card Present (CP)/Retail
Software Used to Submit Transacti	ons to Authorize.Net	·	
Detailed Description of Products or	r Services Sold:		
STEP 2: PAYMENT AND ACCOUNT "AUTHORIZATION FOR SINGLE DI			complete the
FEES: Non-Refundable Setup Fee: \$1 Monthly Gateway Fee: \$20 Per-Transaction Fee: \$0.10	49		
Monthly Gateway & Per-Transaction Fe in the amounts provided above. Billing st billed automatically on a monthly basis to	hall commence upon the	execution date of this Account	
Non-Refundable Setup Fee: Company a for the setup of Company's payment gate attached Authorization for Single Direct Page 1988	way account and access	to the Authorize.Net Services (
Company agrees that by signing below its service partners for the purpose of by the terms and conditions set forth it be found at: http://www.authorizenet.com	establishing a Merchan n the Authorize.Net Serv	t Account, if applicable: and vice Agreement, incorporated	(ii) further agrees to be bound
Company's signature confirms acceptance of the	he Setup, Monthly, and Per-	Transaction fees.	
Signature:		Date:	
Print Name:		Print Title:	
Optional Services: Automated Recurring Billing (ARB)	Add ARB to account	Fraud Detection Suite (FDS) Add FDS to account
Setup Fee - \$0.00 Monthly Fee - \$10.00	(please circle) Yes No	Setup Fee - \$0.00 Monthly Fee - \$5.00	(please circle) Yes No

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): Checking Savings
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).
Authorize.Net for the amount listed above is fully satisfie on or after the Effective Date listed above, and in no even Company may only revoke this authorization by contacting and only in the case that it cancels the set-up services pro Company's completed Payment Gateway Account Set-U	
Print Company Name:	Date
Print Corporate Employee Name:	Signature:

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

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



■ Your Gateway to IP Transactions

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

Accepted Cards (circle all that apply): Visa/MasterCard

APPENDIX A: MERCHANT ACCOUNT CONFIGURATION FORM

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

American Express

Discover

Diner's Club

JCB

Enroute

STEP 2: MERCHANT ACCOUNT PROCESS	OR CONFIGURATION INFOR	MATION
Instructions: Please provide the requested in need to provide information for ONE proces, who would be happy to assist you.		at is associated with your Merchant Account. You only information, please contact at
First Data Corporation (FDC) - Nashville P	latform	
Merchant ID (MID) (7-11 digits):	Termina	I ID (TID) (7-11 digits):
First Data Corporation (FDC) – Omaha Pla		
Merchant ID (MID) (15 or 16 digits):		
Nova		
Bank # / Term BIN (6 digits):	Terminal ID (TID) (16 c	digits):
Vital		
Acquirer BIN (6 digits):	Agent B	ank # (6 digits):
Agent Chain # (6 digits):	Category Code (4 digits):	
Store # (4 digits):		
Global		
Acquirer Inst. ID (Bank ID) (6 digits):	Merchant ID (MID) (Usually 16 digits):
Paymentech		
Client (4 digits): Merchant # (Ger	nsar #) (12 digits):	Terminal # (TID) (3 digits):
Concord EFS		
BuyPass / Terminal # (TID) (6 digits):	Merchar	nt ID (MID) (2 digits):
CardSystems Solutions		
Acquirer BIN (6 digits):	_ Terminal ID (TID) (10 c	digits):
Lynk Systems	0. W. (_
Acquirer BIN (6 digits):	Store # (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

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 corporate structure of business.	INFORMATION – All fields required regardless of
Company Officer / Owner / Principal Name:	
Title:	Date of Birth:
Residence Address:	
City: Stat	te: ZIP Code:
Business Phone Number:	Business Fax 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:	
Monthly Visa/MC sales (estimate): \$	Average transaction amount: \$

Maximum per transaction amount: \$ (require	red in order to "underwrite" your Merchant Account)
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 you	ır 10 digit account number?
If you currently accept Discover, what is your 15 digit a	account number?
What is your typical time frame until product/service is	s delivered?
What is your refund/exchange/cancellation policy? (cir	rcle one): All Sales Final Exchange Only Other
Number of days that you will issue a full refund?	
What is your warranty policy? (circle one): In-House	Manufacturer Only Don't Have One
Number of days that the product or service is under fu	ull warranty?
Please include any additional comments you may have	about your company, such as shipping, fulfillment,
Please include any additional comments you may have return or warranty policies that may help the bank unde complete, please provide a completion time estimate.	
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