## PAYMENT GATEWAY ACCOUNT SETUP FORM

**ATTENTION:** James Drake

**Instructions:** Please fax the completed setup form to 317-559-1374

STEP 1: COMPANY INFORMATION			
Company Name:			
Company Officer / Owner / Principal Name:			
Title:	-		
Company Tax ID (Sole Prop. Can use SS#):	<del></del>		
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	t Corporation(must send copy of 501c3)	LLC Sole Proprietorship LLP	
Market Type(select one): Card Not Present (CNP)/E-com	nmerce Mail Order/Telephone Order (	(MOTO) Card Present (CP)/Retail	
Company Web Address (URL) (If you have one):			
Detailed Description of Products or Services Solo			
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STEP 2: PAYMENT AND ACCOUNT INFORMATION			
Authorize.Net Payment Gateway Account Fees: One-Tim  Monthly	e Setup Fee*: پههه.٠٠ ر Gateway Fee**: \$10.00		
Per-Transaction Fee**: \$0.10			
*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 Authorize.Net Services pursuant to the attached Authorization for Single Direct Payment (ACH Debit) form.			
IMPORTANT: You must also complete the "AUTH	IORIZATION FOR SINGLE DIRE	CT PAYMENT" form on Page 3.	
**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 3.			
<b>Authorization.</b> 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.			
CompanyName: Signature:			
Print Name: PrintTitle_		Date:	

AR Name: Netmasons

AR ID: 10376

Last revised: 02/05/2019

## **AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBIT)**

The Company listed below hereby authorizes Authorize.Net, LLC 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.

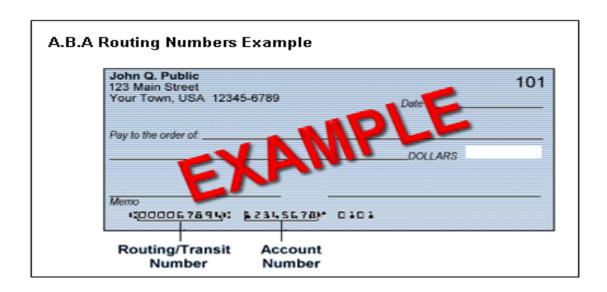
PATIMENT AND ACCOUNT INFORMATION		
Bank Name:	Account Type (circle one): Checking Savings	
Branch City:	Branch State: Zip Code:	
Routing Number (9 digits):	Account Number:	
<b>Amount:</b> The amount of the Non-Refundable Setup Fee set forth on the Payment Gateway Account Setup Form.	<b>Effective Date:</b> The date that Authorize.Net receives Company's completed Account Setup Form and Authorization for Single Direct Payment (ACH Debit).	
Note: See the example below if you n	need help finding your routing or account number.	
This authorization is to remain in full force and Authorize. Net for the amount listed above is fully	effect for this transaction only, or until such time that my indebtedness satisfied.	
Print Company Name:		

Signature:

DAVMENT AND ACCOUNT INFORMATION

Print Corporate Employee Name:

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



AR ID: 10376

**AR Name: Netmasons** 

Last revised: 02/05/2019