

Fax Cover Sheet and Application Checklist

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|------------------------------------|---------------------------------------|
| Attention: Sales Department | From: |
| Company: Authorize.Net | Date: |
| Fax Number: (801) 492-6546 | Total No. of Pages (including cover): |
| Reseller Name: IMAGEMATTE | Reseller ID: 7150 |

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:

- 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 not exceeded by your monthly transaction fees. **Example:** 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, so you would not be billed the minimum fee for the month.

PAYMENT GATEWAY SETUP FORM

ATTENTION: Sales Department Reseller Name: IMAGEMATTE Reseller ID: 7150

Instructions: Please fax the completed setup form to 801-492-6546. If you have any questions about this form, please call us at (866) 437-0476 or by e-mail at:

| STEP 1: COMPANY INFORMATION | |
|---|---|
| Company Name: _____ | |
| Company Officer / Owner / Principal Name: _____ | |
| Title: _____ | Tax ID or Social Security Number: _____ |
| Company Address (No P.O. Boxes): _____ | |
| City: _____ | State: _____ ZIP Code: _____ |
| Company Phone Number: _____ | Company Fax Number: _____ |
| E-Mail Address: _____ | |
| Business Type (circle one): <i>Corporation</i> <i>Non-Profit Corporation</i> <i>LLC</i> <i>Sole Proprietorship</i> <i>LLP</i> | |
| Market Type (circle one): <i>Card Not Present (CNP)/E-commerce</i> <i>Mail Order/Telephone Order (MOTO)</i> <i>Card Present (CP)/Retail</i> | |
| Software Used to Submit Transactions to Authorize.Net: _____ | |
| 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: \$149.00 Monthly Gateway Fee: \$20.00 Per-Transaction Fee: \$0.10 | |
| 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. | |
| 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. | |
| 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: and (ii) further agrees to be bound by the terms and conditions set forth in the Authorize.Net Service Agreement, incorporated herein by reference, which can be found at: http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf. | |
| Company’s signature confirms acceptance of the Setup, Monthly, and Per-Transaction fees. | |
| Signature: _____ | Date: _____ |
| Print Name: _____ | Print Title: _____ |

| Optional Services: | | | |
|---|---|--|---|
| Automated Recurring Billing (ARB) Setup Fee - \$0.00 Monthly Fee - \$10.00 | Add ARB to account (please circle) Yes No | Fraud Detection Suite (FDS) Setup Fee - \$0.00 Monthly Fee - \$5.00 | Add FDS to account (please circle) Yes No |

