Authorize.Net®
Where the World Transacts

Payment Gateway Account Set-Up Form

ATTENTION: Karisty Welsh Authorize.Net Sales Department

Reseller Name: Acme Technologies
Reseller ID: 6163
PHONE NUMBER: (801)492-6485
FAX NUMBER: (801) 492-6546
EMAIL ADDRESS: kwelsh@authorize.net

Instructions: Complete all of the information requested in this Payment Gateway Account Set-Up Form, including the attached Authorization for Single Direct Payment (ACH Debit) and fax the completed documents to (801) 492-6546 to start the set-up process. Upon receipt of your completed Payment Gateway Account Set-Up Form and Authorization for Single Direct Payment (ACH Debit), Authorize.Net will do the following: (1) debit your depository account for the amount of the Setup Fee when Authorize.Net receives your completed Payment Gateway Account Set-Up Form, (2) set up your payment gateway account, and (3) notify you of the steps you need to take to activate your payment gateway account, including executing and agreeing to be bound by the terms of the on-line Authorize.Net Service Agreement.

Company Information

Company Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone, Fax: _____, _____

E-mail address: _____

Business Type (circle one): Corporation - Non-Profit Corporation - LLC - Sole Proprietorship - Partnership - LLP

Description of Products or Services Sold: _____

Corporate Officer/Owner/Principal Information

Full Name: _____

Title: _____

Tax ID or Social Security Number: _____

Accepted Cards

Please circle all of the cards listed below that your account is **authorized** to accept:

Visa/MasterCard American Express Discover Diner's Club JCB Enroute

Last revised: 11/5/03
©2003 Authorize.Net Corp

Karisty Welsh

Setup Fee

Company agrees to pay to Authorize.Net Corp. a one-time non-refundable fee in the amount of $149.00 for the setup of Company's payment gateway account and access to the Authorize.Net Services (the "Setup Fee"), pursuant to the terms of this Payment Gateway Account Set-Up Form and the attached Authorization for Single Direct Payment (ACH Debit) form. **_I further agree to be bound by the terms and conditions set forth in the current 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 Fee.

_____ _____

Signature Date

_____ _____

Print Name Print Title

Gateway Access Fee and Transaction Fee

Authorize.Net shall charge Company a Gateway Access Fee and Transaction Fee in the following amounts pursuant to Company's acceptance of the Authorize.Net Service Agreement and the terms and conditions therein. These fees will be billed automatically on a monthly basis to the bank account or credit card listed below once you have activated your payment gateway account.

Monthly Gateway Access Fee: $20.00 Transaction Fee: $0.10

Payment and Account Information

Depository Bank Name: _____

Branch (City, State, Zip): _____

Account Type (check one):

?Checking ?Savings

Account Owner Type (check one):

?Personal ? Corporate

_____

Routing Number (9 digits): _____

Account Number: _____

Name on Account: _____

OR

Credit Card Number: _____

Expiration Date: _____

Name on the Card

_____

Last revised: 11/5/03

©2003 Authorize.Net Corp

Karisty Welsh

Merchant Account Processor Configuration Information

*Please provide the account information for the **ONE** Processor that is associated with your Merchant Account. If you have any questions regarding which Processor your Merchant Account uses, please contact your Merchant Service Provider.*

First Data Corporation (FDC) – Nashville Platform

Merchant ID (MID): _____ (7 – 11 digits)

Terminal ID (TID): _____ (7 – 11 digits)

First Data Corporation (FDC) – Omaha Platform

Merchant ID: _____(15 or 16 digits)

Nova

Bank Number/Term Bin: _____ (6 digits)

Terminal ID (TID): _____ (16 digits)

Vital

Acquirer BIN: _____ (6 digits)

Agent Bank Number: _____ (6 digits)

Agent Chain Number: _____ (6 digits)

Category Code: _____ (4 digits)

Merchant Number: _____ (12 digits)

Store Number: _____ (4 digits) Terminal Number (TID): _____ (4 digits)

Global

Acquirer Institution ID (Bank ID): _____ (6 Digits)

Merchant ID (MID): _____ (16 Digits)

Paymentech

Client: _____ (4 digits)

Merchant # (Gensar #) _____ (12 digits)

Terminal Number (TID) _____ (3 digits)

Last revised: 11/5/03

©2003 Authorize.Net Corp

Karisty Welsh

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 me by Authorize.Net Corp., the Company listed below hereby authorizes Authorize.Net Corp. to initiate a debit entry to Company's checking account indicated below 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.

Depository Bank Name:

_____

Branch (City, State, Zip):

_____

Account Type (check one):

? Checking ? Savings

Account Number:

_____

Routing Number (9 digits):

_____

Amount: $149.00

(The amount of the Setup Fee set forth on the Payment Gateway Account Set-Up Form)

Effective Date: The date that Authorize.Net Corp. receives Company's completed Payment Gateway Account Set-Up 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 Corp. 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.

I may only revoke this authorization by contacting Authorize.Net Corp. directly at the address and phone number listed above, and only in the case that I cancel the set-up services provided to me by Authorize.Net Corp. on the date that Authorize.Net received Company's completed Payment Gateway Account Set-Up Form and Authorization for Single Direct Payment (ACH Debit). **I further agree to be bound by the terms and conditions set forth in the current Authorize.Net Service Agreement, incorporated herein by reference, which can be found at: http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf**.

Company Name:

_____
(Please Print)

Date:

_____

Corporate Officer/Owner/Principal:

_____
(Please Print)

Signature:

_____

Please attach a voided check along with your facsimile. This voided check is used to verify the banking information supplied above.

Last revised: 11/5/03
©2003 Authorize.Net Corp

Karisty Welsh