

CCF Consulting, Inc. - Authorize.net Payment Gateway Check Sheet

Fax Cover Sheet and Application Checklist

Checklist for Submitting for an Authorize.Net® Payment Gateway

If You Have an Existing Merchant Account: Complete and fax the following pages:

- Payment Gateway Setup Form**
- Authorization for Single Direct Payment**
- Appendix A: Merchant Account Configuration Form**

Authorize.Net® Payment Gateway Fees: *Check box to select Payment Gateway plan type.

Program Type	Set-Up Fee	Monthly Gateway Fee	Per-Transaction Fee
<input type="checkbox"/> Entry Level	\$25.00	\$15.00	\$.10
<input type="checkbox"/> Business Plan	\$15.00	\$20.00	\$.15
<input type="checkbox"/> Enterprise Plan	\$99.00	\$10.00	\$.10

CCF Consulting, Inc. - Authorize.net Payment Gateway Set-Up Form

ATTENTION: Sales Department

Instructions: Please fax the completed setup form to (888) 445-8694. If you have any questions about this form, please call us at (888) 445-8694 .

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): *Corporation* *Non-Profit* *Corporation* *LLC* *Sole Proprietorship* *LLP*

Market Type (circle one): *Card Not Present / E-commerce* *Mail / Telephone Order* *Card Present / Retail*

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 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 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 CCF Consulting, Inc. a one-time non-refundable fee in the amount of the Plan Type selected 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: *Check box to add optional services.

Program Type	Set-Up Fee	Monthly Fee
<input type="checkbox"/> Automated Recurring Billing (ARB)	\$25.00	\$10.00
<input type="checkbox"/> Fraud Detection Suite (FDS)	\$0.00	\$5.00

AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBIT)

CCF Consulting, Inc.
2604 24th Avenue
Gulfport, MS 39560
(228) 867-6008

RE: ACH Authorization for one-time Setup Fee in consideration of the Authorize.Net Corp. (Authorize.Net) payment gateway account set-up services provided to Company by CCF Consulting, Inc..

The Company listed below hereby authorizes CCF Consulting, Inc. 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 selected above. 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: The amount of the Non-Refundable Setup Fee set forth on the Payment Gateway Account Setup Form.

Effective Date: _____

* The date that Authorize.Net Corp. receives Company's completed Payment Gateway Account Setup 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 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.

Company may only revoke this authorization by contacting Authorize.Net directly at the address and phone number listed above, and only in the case that it cancels the set-up services provided by Authorize.Net on the date that Authorize.Net received Company's completed Payment Gateway Account Set-Up Form and Authorization for Single Direct Payment (ACH Debit).

Company further agrees 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.

Print Company Name: _____ Date: _____

Print Corporate Employee Name: _____ Signature: _____

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

APPENDIX A: MERCHANT ACCOUNT CONFIGURATION FORM

CCF Consulting, Inc.
2604 24th Avenue
Gulfport, MS 39560
(228) 867-6008

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

Accepted Cards (circle all that apply): *Visa/MasterCard* *American Express* *Discover* *Diner's Club* *JCB*

STEP 2: MERCHANT ACCOUNT PROCESSOR CONFIGURATION INFORMATION

Instructions: Please provide the requested information for the processor that is associated with your Merchant Account. **You only need to provide information for ONE processor.** If you do not know this information, please contact us at the phone number above and we will be happy to assist you.

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 (MID) (15 or 16 digits): _____

Nova

Bank # / Term BIN (6 digits): _____ Terminal ID (TID) (16 digits): _____

Vital

Acquirer BIN (6 digits): _____ Agent Bank # (6 digits): _____

Agent Chain # (6 digits): _____ Category Code (4 digits): _____ Terminal ID (TID) (4 digits): _____

Store # (4 digits): _____ Merchant # (12 digits): _____

Global

Acquirer Inst. ID (Bank ID) (6 digits): _____ Merchant ID (MID) (Usually 16 digits): _____

Paymentech

Client (4 digits): _____ Merchant # (Gensar #) (12 digits): _____ Terminal # (TID) (3 digits): _____

Concord EFS

BuyPass / Terminal # (TID) (6 digits): _____ Merchant ID (MID) (2 digits): _____

CardSystems Solutions

Acquirer BIN (6 digits): _____ Terminal ID (TID) (10 digits): _____

Lynk Systems

Acquirer BIN (6 digits): _____ Store # (4 digits): _____ Terminal # (TID) (4 digits): _____

Merchant # (12 digits): _____ Merchant Category Code (4 digits): _____

Market Type (circle one): *E-Commerce* *MOTO* *Retail*