

PAYMENT AUTHORIZATION

Date ____/____/____.

This Payment Authorization is entered into by and between and is binding upon _____ (Merchant), EPS 90, and _____ (Customer).

Payment Authorizations are for the purchase of the following goods and/or services: _____

The total dollar amount of the transaction is \$_____ (Including all Service and Program fees)

Customer hereby acknowledges that they are the owner of the account from which payment is authorized to the merchant according to the schedule noted below. A minimum 25% initial payment authorization is required. The duration of the planned authorizations shall not exceed 90 days. Payment authorizations denoted by the check instruments provided herewith, and noted below, shall be converted to electronic debits and presented to Customers bank as electronic debits by EPS 90 on the date specified for the amount noted. No paper checks will be presented. Customer hereby agrees and consents to the conversions of the noted check Instruments.

Number Of Payments In Total Sale	Check # (must be in numeric order)	Base Amount of Check instrument	Service Fee	Program Fee	Total Amount Of Debit To Account (Payment)	Date To Pay	Number Of Payments In Total Sale	Check # (must be in numeric order)	Base Amount of Check instrument	Service Fee	Program Fee	Total Amount Of Debit To Account (Payment)	Date To Pay
1			\$50.00				11						
2							12						
3							13						
4							14						
5							15						
6							16						
7							17						
8							18						
9							19						
10							20						

Example Calculation on back of form

If customer defaults on the above schedule without prior consent of the merchant, customer may be placed in collections with a third party agency without further notice. Failure to perform the above schedule may result in any or all of the following; collection activity, negative credit entries, criminal and or civil prosecution in accordance with local laws. Issuing a "Stop Payment" for goods and services provided by Merchant in consideration of the terms of this agreement is not an acceptable resolution to a dispute between Customer and Merchant. Customer acknowledges the availability of other remedies including the institution of a legal proceeding or lawsuit. Issuing a "Stop Payment" for goods or services received pursuant to this agreement will be considered an intentional act by Customer to defraud Merchant of the goods and/or services provided and could lead to prosecution as a felony offense.

Any returned items will be charged collection expenses and a \$25.00 fee.

Current Employer Name _____

Proof of employment shall be submitted to store within 7 days and kept on file.

_____()_____-
Customer name Home Phone

_____()_____- _____()_____-
Cell Phone Work Phone

Home Address, City, State Zip

D/L # State of Issue Social Security Number

(ATTACH A COPY OF CURRENT D/L - REQUIRED FOR PROGRAM ACCEPTANCE)

_____()_____-
Name of Relative NOT living with Customer Phone Number

Address, City, State Zip

THIS AGREEMENT AND THE GOODS/SERVICES PROVIDED CONSTITUTE THE BASIS OF AND CREATE A LIEN. IF A PAYMENT FAILS TO CLEAR THE BANK THE UNDERSIGNED CUSTOMER WILL BE IN DEFAULT OF THIS AGREEMENT. NO FURTHER NOTICE IS REQUIRED TO PERFECT THE LIEN IN THE EVENT OF DEFAULT. THE UNDERSIGNED HEREBY AGREES TO THE LIEN AND UNDERSTANDS THAT THE PRODUCT AND/OR GOODS MAY BE REPOSSESSED INCLUDING THE VEHICLE OR ITEM THEY ARE ATTACHED TO OR INTEGRATED INTO AS THE RESULT OF DEFAULT. THE UNDERSIGNED CUSTOMER AGREES TO ALL TERMS AND CONDITIONS CONTAINED HEREIN. FURTHERMORE, CUSTOMER SHALL NOT RESIST REPOSSESSION IN THE EVENT OF DEFAULT.

Customer/Account Owner Signature _____

Signature of authorized Merchant representative _____

SEE REVERSE SIDE

Example Calculation:

Cost of Purchase **\$1,060.00** + Program Fee **\$106.00** (10%) + Service fee **\$50.00** = Total Purchase = **\$1216.00**

1st check/authorization \$304.00 (25% of total amount) 4 additional check/authorizations at \$228.00 each

*The program fee of 10% is a suggested rate. This can be increased by the merchant at any time

To submit payments and agreement properly please review the following:

DO:

- ✓ Make ALL Check Instruments Payable to:
(Your Company Name)/EPS 90
- ✓ Completely fill out the EPS90 Payment Agreement
- ✓ Call current employer and validate employment along with a current pay stub for customer only
- ✓ Make a photo copy of the customer's drivers license, State ID or Military ID
- ✓ Call work and home numbers to validate they are working numbers
- ✓ Customer must fill out and sign all check instruments for the series
- ✓ Initial authorization must be at least 25% of the total transaction amount and dated for withdraw on the purchase date
- ✓ Make sure all check instrument images are properly scanned and uploaded
- ✓ Ask for last month bank statement for the account using the EPS90 Program

DON'T:

- ✓ Do not take out of state checks
- ✓ Do not take an out of state license or identification
- ✓ Initial authorization must be made out for the current date and no less than 25% of total transaction amount.
- ✓ Don't proceed if the paperwork is not complete, phone numbers are not in service, or the employment does not validate.
- ✓ Do not accept a Temporary check. All checks must be commercially imprinted with Name, Address and Phone number of the check writer
- ✓ Do Not Accept checks from multiple bank accounts
- ✓ Do not accept the program if there are several NSF checks on the monthly statement provided.

Commercially Imprinted
Name, Address and
Phone number – Not a
Temporary Check

Make sure check instruments are made out as
noted below!

Make sure check
numbers are in
numerical order and
properly dated.

John Smith
100 Somewhere Rd.
San Francisco, CA
(111) 111-1111

Pay To The
Order Of (Your Company Name) / EPS 90

One Hundred Dollars and 00/100

My Bank
123 Bank Road
Nowhere, KY, 40000

For: _____

No. 100
Date 6/24/2008
\$ 100.00

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 0 0

Make sure all checks come from the same Bank and make
sure checks have the same routing and Account Number

Make sure scanned checks are
uploaded to EPS 90 Daily.

If you have any questions, please call EPS90 Customer Service at 1-888-859-9219

When requested - documentation can be faxed to (800) 891-4692