



THE ONLY SOFTWARE YOU NEED, MOVING YOUR BUSINESS FORWARD

INTERNAL USE ONLY

Sales Partner

Referral Source

Phone #

Email

SECTION 1: BUSINESS LEGAL INFORMATION

Business Legal Name (must match name on tax return)

Business Legal Address (No P.O. Box)

City

State

Zip

Primary Contact Name

Phone

Fax

State Incorporated

Business Start Date (Month/Year)

Federal Tax ID# (9 digits)

☐ I certify that I am a foreign entity/nonresident alien  
(If checked, please attach IRS Form W-8.)

Email

Website

Organization Type: ☐ Sole Ownership ☐ Partnership ☐ Joint Venture ☐ LLC ☐ Public Corp ☐ Private Corp ☐ Govt. Corp ☐ Non-Profit ☐ Other \_\_\_\_\_

SECTION 2: MERCHANT DOING BUSINESS AS (DBA) INFORMATION

Merchant Doing Business As Name (DBA)

DBA Phone

☐ Same as Legal

DBA Address (No P.O. Box)

City

State

Zip

SECTION 3: OWNER INFORMATION

1. Name

Title

% of Ownership

Residence Address

City

State

Zip

Home Phone

Date of Birth

Drivers License #

State

2. Name

Title

% of Ownership

Residence Address

City

State

Zip

Home Phone

Date of Birth

Drivers License #

State

SECTION 4: EQUIPMENT AND FEES

Purchase  
Reprogram

Equipment Type

Equipment Make and Model

Equipment  
Price w/o  
Tax and S&H

Track/Version  
Serial#

\$

\$

\$

Shipping & Handling: ☐ Ground \$25 ☐ 2nd Day \$35 ☐ Overnight \$45

Terminal Programming Options: Auto Settle: ☐ Yes ☐ No Auto Settle Time(military):

Service	Fee	Freq*	Service	Fee	Freq*	Service	Fee	Freq*
Account Setup Fee		P	Monthly Support Fee		M	Software/Inv. Setup - Includes up to 2 hr		P
Customer Support		P	Per Item Fee		M	Software/Inv. Setup - Hrly rate past 2 hrs		P
Annual Fee		A	Software Monthly License Fee		M	On-site Network Setup Per Hour		P
Training Fee		P	Online Ordering		M	Other_____		

\* Frequency: 1=One Time Charge A=Annual Charge M=Monthly Charge P=Per Occurrence

SECTION 5: AGREEMENT ACCEPTANCE

By completing and signing on the date written below, you (the "Merchant") agree to abide by the Zuza Software Service Application and Agreement (the "Agreement"). The Agreement consists of this Application, Section 6: ACH Authorization, and Terms of Service (the "Terms", a separate attachment available at <https://getzuza.com/download/terms-and-conditions/Zuza-Terms-Service-04-01-20.pdf> (also on Office Backend)). By signing, you warrant that the information provided on the Agreement is complete and accurate. The term of the Agreement is thirty-six (36) months with an ongoing auto-renewal of one (1) year, unless Merchant provides termination notice to Zuza in writing no later than sixty (60) days prior to the end of that Initial or Renewal Term. If the Agreement is terminated early during the Initial Term or any Renewal Term for any reason other than as set out in the Terms of Service, you agree to pay Zuza an account closure fee (or "early termination fee") of \$295.00. You agree that this fee is not a penalty, but rather a reasonable estimation of actual damages that Zuza would incur due to your early cancellation prior to the end of the Initial or any Renewal Term. You acknowledge that any breach of the Agreement, which includes (but is not limited to) failure to pay Monthly License Fees, shall immediately (or after 5 business days of failure to cure) result in your service being terminated, and the services provided by Zuza shall no longer be available to you. You are committing to pay the Monthly License Fees for the duration of the Initial Term and any Renewal Terms, and therefore agree that this Agreement is non-cancellable, except as provided herein. Merchant has read, understands and agrees to enter into this Agreement through which the Zuza Software Service will be available for Merchant's use.

MERCHANT (PRINCIPAL / OFFICER / OWNER)

Signature: X

SIGN HERE

Title:

Date:

Print Name of Signer

## SECTION 6 : ACH AUTHORIZATION

The undersigned hereby authorizes Zuza or its duly assigned agent to initiate debit/credit entries to the checking account provided. This privilege is to be used for all expenses authorized by the undersigned Merchant either in writing as they pertain to the Agreement, or verbally. The authority is to remain in full force and effect until (a) Zuza has received written notification from the undersigned Merchant of its termination in accordance with the Agreement; and (b) all obligations of the undersigned Merchant to Zuza have been in paid in full.

Please complete this form in its entirety. **Be sure to include a voided check for the account listed (deposit slips do not work), in the area provided at the bottom of this form.** If you would like to have your withdrawals made out of a Savings Account, ask your banker to provide that Routing and Account number, instead of using your savings deposit slip.

You hereby acknowledge and authorize Zuza, LLC ("Zuza"), either directly or through its check processing company, to withdraw any amounts owed by you, by initiating debit entries to my account(s) at the financial institution(s) ("Bank") indicated on this ACH Authorization Form. You further authorize your Bank to accept and credit all debit entries made by Zuza, either directly or through its check processing company, to your account. You acknowledge that some financial institutions require you to provide them with of our check processor's Company ID number to avoid rejection of your payment. That Company ID number is 3383693141.

This authorization will remain in full force and effect until Zuza and Bank have received written notice from you that authorization is terminated in such time and manner that is in accordance with the Agreement and as stated herein.

Merchant Name		Merchant Billing Address	
Merchant Signature*		Date	
Name of Authorized Signatory		Position	% of Ownership

**SIGN HERE**

\*(If you are signing on behalf of an entity, please include your name and position as an authorized signatory.)

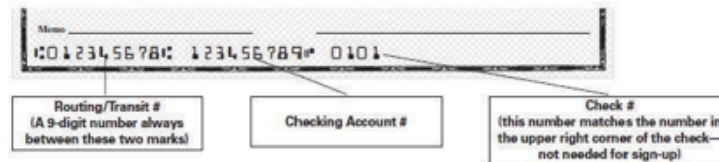
### ACCOUNT INFORMATION

Banking Institution Name		Bank Contact	
Bank Routing Number		Checking Account Number	
Local Branch Address	City	State	Zip

**Please Specify Account Type as:**

a)	<b>Business</b>	<b>Personal</b>	
b)	<b>Checking</b>	<b>Savings</b>	<b>Other</b>

Sample check MICR line showing where to find the information needed for this form (attach voided check here):



## SECTION 7 : ADDITIONAL COMMENTS

**Additional Comments:**

**Setup Questions:**

Will cabling work need to be completed? \_\_\_\_Yes \_\_\_\_ No

If Yes:

What is the ceiling height? \_\_\_\_\_

What is the cabling type?

\_\_\_\_Fiber \_\_\_\_Category Cable

\_\_\_\_Other , please list\_\_\_\_\_

Are there available ports on the router or access points?

\_\_\_\_Yes \_\_\_\_No

Target Installation Date: \_\_\_\_\_

Please provide any additional setup notes in the 'Additional Comments' to the left.