9-888-7777	
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 HOME ABOUT PRODUCTS CONTACT ADMIN DASHBOARD APPLICATIONS 	
 ACH DOCUMENTS PRODUCTS USERS LOG OUT 	
DD MODE ACTIVE! Business Information Legal Name of Business Hendrix Greens Address	
City	
Zip Code Phone Number 445-669-6669	
Fax Number Doing Business As DBA Address	
DBA City DBA State	
DBA Zip Code DBA Phone Number	
DBA Fax Number Federal Tax ID # (FTIN)	
Email jimmy@hendrixgreens.com Contact Owner or Officer Information—	
Name Jimmy Hendrix Date of Birth	
Social Security Number Phone Current Address	
City	
Zip Code POB Setup and Programming Info	
Monthly Volume Max transaction amount (up to \$1,0	
Quick cash increments \$10 \$15 \$20 Time zone where merchant is locat Eastern Central Mountai Does the phone need 9 or 8 as a p	n
 Yes ○ No ○ 9 ○ 8 Will the terminal be on a line with ca ○ Yes ○ No What type of phone line will the term ○ Dedicated Analogue ○ IP Line Payment Authorization 	ninal be placed on?
the financial institution indicated ab BPOB has received a written notice financial institution in advance of the I understand that if the total amount	authorized financial institution to initiate credit entries and any necessary adjustments to my bank account at ove on my voided check as it applies to this contract only. This authority is to remain in full force and effect until from me of its termination, allowing reasonable time and opportunity for BPOB or their authorized agents and e occasion of change in any of my financial information contained above (Minimum 30 days). owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount
remains unchanged until the amour any added amounts can be applied account number change, will require change being implemented. I understand that this payment plan	owed to the Service Provider is increased, radiionze this plan to continue as long as the payment amount on towed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand I for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay nt allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am
authorized to execute this payment bank, harmless from damage, loss Signature of Owner/Officer	nt allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the or claim resulting from all authorized actions hereunder.
Print Name of Owner/Officer Sales Agent Signature	
Agent ID Number SO Name	
Counter Top Units and Fees *Equipment Cost	
*Equipment Cost	
*Equipment Cost for VX610 Wirele Merchant's Initials	ess Terminal: \$750.00 (Introductory Offer) illed by BPOB (First & Last upfront: \$69.90) eer month (online statements only).
***Monthly statement fee of \$8.00 p Merchant's Initials Car charger for VX610 Wireless Te Yes No Merchant's Initials	
Merchant's Initials	Increments—charged to the customer per transactions. Merchant share: N/A. EMENTS (\$5, \$10, \$15, \$20, etc). Change will be given when needed.
Bill and Recurring Billing *The appropriate cost of equipm	nent will be debited from the merchant checking account. utomatically approved. If there is some unforeseen reason that the account is not approved all
purchased from BPOB billed on the	t statement fee is \$12.00 per month, includes up to 5 rolls of paper per month and insurance on equipment
First & Last month is billed upfront:	ant statement fee is \$34.95 per month, billed on the 1st or 15th of each month depending on your start date. \$69.90. y email of all billing. Merchant is responsible for supplying email that this information is to be sent to:
Signature of Owner/Officer Date	
Print Name of Owner/Officer Bank Information Name of Bank	
Account Number Phone Number	
Voided Check Please upload a scanned copy of a	voided check.
Copy of Driver's License Please upload a scanned copy of y Choose File No file selected	our Driver's License or Passport.
	on provided on this form is accurate. If this information proves to be otherwise merchant agrees to absorb all any necessary changes or adaptations in installation, etc.
	Innection is Required the Merchant is responsible for ordering the phone line installation unless Merchant line and incurs all costs involved. This authority extends to the selection or change of any telecommunications action authorization service.
	d voucher receipts for payment of goods and services and the approved amount will be deposited via ACH into account typically within 3 to 4 business days from withdrawal.
BPOB agrees to provide technical BPOB terminal. Merchant Responsibilities	support and training needed for Merchant to provide BPOB Services to his/her customers through use of our
keeping the unit clean. It is the Me AC line to each unit, and the supply responsible for contacting POB a n	recretain basic duties that maintain the equipment, to include changing the paper, correcting paper jams, and rechant's responsibility to settle the batch once a day. The Merchant will be responsible for providing a 110 of a dial-up telephone connection. Long distance telephone service is not required. The Merchant is ninimum of 3-business days in advance of their need for thermal paper. If paper is needed immediately, it is oly stores. The Merchant is required to notify BPOB concerning any changes in ownership of the business and/ecounts
writing of the intent to cancel said c required. If Merchant closes the bus	nent is three (3) years and is automatically renewed each year thereafter, unless Agent or ISO is notified in ontract. At time of renewal, a minimum 30-days' notice from the anniversary date of signing said contract is siness, the contract will remain effective and will end three (3) years from the day the contract was signed. The
agents, ISOs and partners cannot b	es and continue to use said service for the remainder of the processing agreement. BPOB, along with their be held liable, due to not being able to process merchant's transactions for any reason. This includes, but not t, problems with phone or internet. BPOB has the right to cancel said contract for any reason at the sole
	that uses a SIM Card (ATTAS THE CARRIER). The SIM Card must be received by BPOB with 10 days of ent. If SIM Card is not received your cellular service will continue to be billed on a monthly bases until the SIM
card, indicates the amount of cash terminal presents the cardholder wi	n to a cash ATM machine and offers most of the same advantages. How it works the cardholder "swipes" his he wishes to withdraw, and enters his confidential PIN number into the terminal or attached PIN pad. The th a voucher which reports the cash withdrawal requested. The voucher is then presented to the cashier for nost all ATM cards that are linked to a PIN number. The cardholder may have additional fees for this service,
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	ndicate that you have read and agree to the terms of said contract.
Signature of Owner/Officer Title Date	ndicate that you have read and agree to the terms of said contract.
Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature	ndicate that you have read and agree to the terms of said contract.
Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature Agent ID Number ISO Name ACH Authorization Release	ndicate that you have read and agree to the terms of said contract.
Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature Agent ID Number ISO Name ACH Authorization Release Your Name hereby authorizes EFT Manageme • Credit • Debit	Indicate that you have read and agree to the terms of said contract.
Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature Agent ID Number ISO Name ACH Authorization Release Your Name hereby authorizes EFT Manageme • Credit • Debit • Transaction Settlement • Adjustments • Surcharge	nt to initiate ACH transfer entries for all of the following:
Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature Agent ID Number ISO Name ACH Authorization Release Your Name hereby authorizes EFT Manageme • Credit • Debit • Transaction Settlement • Adjustments • Surcharge These entries will be made through Financial Institution Name Street Address	nt to initiate ACH transfer entries for all of the following:
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Signature of Owner/Officer Title Date Print Name of Owner/Officer Sales Agent Signature Agent ID Number SO Name ACH Authorization Release Your Name hereby authorizes EFT Manageme	nt to initiate ACH transfer entries for all of the following:
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