

500 YALE AVE N SEATTLE, WA 98109 999-888-7777 HOME ABOUT PRODUCTS CONTACT ACCOUNT **Business Information Legal Name of Business** Bone's Bongs **Address** City State **Zip Code Phone Number** 475-395-8712 **Fax Number Doing Business As DBA Address DBA City DBA State DBAZip Code DBA Phone Number DBA Fax Number** Federal Tax ID # (FTIN) **Email** jbones@bonesbongs.com Contact Owner or Officer Information Name Jimmy Bones Date of Birth **Social Security Number Phone Current Address** City **State Zip Code** POB Setup and Programming Information **Average Ticket Monthly Volume** Max transaction amount (up to \$1,000.00) Quick cash increments **\$15 \$10 \$20** Time zone where merchant is located ○ Eastern ○ Central ○ Mountain ○ Pacific Does the phone need 9 or 8 as a prefix? O Yes \bigcirc No \bigcirc 9 **8** Will the terminal be on a line with call waiting? ○ Yes O No What type of phone line will the terminal be placed on? ○ Dedicated Analogue ○ IP Line ○ Splitter with Fax Payment Authorization I hereby authorize BPOB and/or its authorized financial institution to initiate credit entries and any necessary adjustments to my bank account at the financial institution indicated above on my voided check as it applies to this contract only. This authority is to remain in full force and effect until BPOB has received a written notice from me of its termination, allowing reasonable time and opportunity for BPOB or their authorized agents and financial institution in advance of the occasion of change in any of my financial information contained above (Minimum 30 days). I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, harmless from damage, loss or claim resulting from all authorized actions hereunder. Signature of Owner/Officer **Date Print Name of Owner/Officer** Sales Agent Signature **Agent ID Number ISO Name** Counter Top Units and Fees *Equipment Cost UX510 Dial up Terminal & Pin Pad: \$N/A **Merchant's Initials** *Equipment Cost VX510 Dual Com Terminal & Pin Pad: \$650.00 **Merchant's Initials** **Monthly statement fee of \$12.00 per month. Online statements only. **Merchant's Initials** Wireless Unit and Fees *Equipment Cost for VX610 Wireless Terminal: \$750.00 (Introductory Offer) **Merchant's Initials** ****Monthly Cellular Fee: \$34.95. Billed by BPOB (First & Last upfront: \$69.90) **Merchant's Initials** ***Monthly statement fee of \$8.00 per month (online statements only). **Merchant's Initials** Car charger for VX610 Wireless Terminal: \$125.00 Yes No **Merchant's Initials** Convenience Fee and Transaction Increments A convenience fee of \$3.75 will be charged to the customer per transactions. Merchant share: N/A. **Merchant's Initials** All transactions are in \$5.00 INCREMENTS (\$5, \$10, \$15, \$20, etc). Change will be given when needed. **Merchant's Initials** Bill and Recurring Billing *The appropriate cost of equipment will be debited from the merchant checking account. BPOB merchant accounts are automatically approved. If there is some unforeseen reason that the account is not approved all equipment cost will be refunded within 7 business days. **Monthly Statement Fee: merchant statement fee is \$12.00 per month, includes up to 5 rolls of paper per month and insurance on equipment purchased from BPOB billed on the 1st of each month. ***Monthly statement fee of \$8.00 per month includes up to 5 rolls of paper per month. ****Cellular Statement Fee: merchant statement fee is \$34.95 per month, billed on the 1st or 15th of each month depending on your start date. First & Last month is billed upfront: \$69.90. Billing: Merchant will be notified by email of all billing. Merchant is responsible for supplying email that this information is to be sent to: E-mail Signature of Owner/Officer **Date Print Name of Owner/Officer Bank Information**

Please upload a scanned copy of your Driver's License or Passport.

Name of Bank

Account Number

Phone Number

Voided Check

Choose File No file selected

Copy of Driver's License

Please upload a scanned copy of a voided check.

Merchant Terms and Agreement Merchant agrees that all information provided on this form is accurate. If this information

proves to be otherwise merchant agrees to absorb all associated costs incurred to make any necessary changes or adaptations in installation, etc.

When Phone Line or Internet Connection is Required the Merchant is responsible for ordering the phone line installation unless Merchant signs authorization to order phone line and incurs all costs involved. This authority extends to the selection or change of any telecommunications processing, switching or any transaction authorization service.

BPOB Settlement

and the approved amount will be deposited via ACH into the Merchant's checking or savings account typically within 3 to 4 business days from withdrawal. **Service Provider**

BPOB agrees to provide technical support and training needed for Merchant to provide

The Merchant shall accept approved voucher receipts for payment of goods and services

BPOB Services to his/her customers through use of our BPOB terminal.

Merchant Responsibilities The Merchant agrees to administer certain basic duties that maintain the equipment, to

include changing the paper, correcting paper jams, and keeping the unit clean. It is the

Merchant's responsibility to settle the batch once a day. The Merchant will be responsible for providing a 110 AC line to each unit, and the supply of a dial-up telephone

connection. Long distance telephone service is not required. The Merchant is responsible for contacting POB a minimum of 3-business days in advance of their need for thermal paper. If paper is needed immediately, it is readily available at local office supply stores. The Merchant is required to notify BPOB concerning any changes in ownership of the business and/ or any changes that affects bank accounts **Term of the Processing Agreement** The term of this processing agreement is three (3) years and is automatically renewed each year thereafter, unless Agent or ISO is notified in writing of the intent to cancel said

contract. At time of renewal, a minimum 30-days' notice from the anniversary date of

signing said contract is required. If Merchant closes the business, the contract will remain

processing agreement. BPOB, along with their agents, ISOs and partners cannot be held

effective and will end three (3) years from the day the contract was signed. The Merchant may reopen their business and continue to use said service for the remainder of the

liable, due to not being able to process merchant's transactions for any reason. This includes, but not limited to, problems with equipment, problems with phone or internet. BPOB has the right to cancel said contract for any reason at the sole discretion of BPOB. **Cellular Service** If you are using a wireless terminal that uses a SIM Card (ATT AS THE CARRIER). The SIM Card must be received by BPOB with 10 days of canceling your Processing Agreement. If SIM Card is not received your cellular service will continue to be billed on a monthly bases until the SIM Card is received.

This equipment is similar in function to a cash ATM machine and offers most of the same

advantages. How it works . . . the cardholder "swipes" his card, indicates the amount of

cash withdrawal requested. The voucher is then presented to the cashier for payment. The

cash he wishes to withdraw, and enters his confidential PIN number into the terminal or attached PIN pad. The terminal presents the cardholder with a voucher which reports the

 Adjustments Surcharge

The BPOB Terminal

terminal will accept most all ATM cards that are linked to a PIN number. The cardholder may have additional fees for this service, based on the cardholder's bank. By signing this agreement you indicate that you have read and agree to the terms of said contract. Signature of Owner/Officer Title

Print Name of Owner/Officer

Date

Sales Agent Signature **Agent ID Number ISO Name ACH Authorization Release Your Name** hereby authorizes EFT Management to initiate ACH transfer entries for all of the following: Credit Debit Transaction Settlement

Financial Institution Name

These entries will be made through the account at:

Street Address

City

State

Zip

Phone

Account Title/Name

Routing Number Account Number Type of account ○ Checking ○ Saving ○ Money Market ○ Credit Union Adjustment Notifications will be sent to you at the business address or by email as listed below: **Company Name**

Attention

Street Address

City

State

Zip

Phone **Email**

Signature

Date

"PLEASE ATTACH A PRE-PRINTED VOIDED CHECK. BANK DRAFTS AND DEPOSIT SLIPS ARE NOT

EFT Management Use Only

Verified by:

Approved by:

VALID. IF NO PRE-PRINT CHECK IS AVAILABLE, ATTACH A BANK LETTER IN PLACE OF PRE-PRINTED CHECK."

The Griffen Credit Card Reader HOME ABOUT PRODUCTS CONTACT ACCOUNT

SUBMIT

