



MERCHANT ACH DEBIT AND CREDIT CARD AUTHORIZATION AGREEMENT

4041 B Hadley Road
South Plainfield, NJ 07080
tel. 800.211.1256
fax. 732.417.4448

I hereby authorize CHARGE Anywhere, to process payment for amounts due to CHARGE Anywhere from the account described below. I also authorize CHARGE Anywhere to pay any commissions or other amounts due to the bank account listed below.

Activation Fee: \$ _____ Per Transaction Fee: \$ _____

Monthly Airtime Fee (per terminal): \$ _____ One Time Fee: \$ _____

Check the appropriate payment method:

_____ Credit Card _____ ACH Debit (include a voided check)

For ACH Debit Payments:

_____ Financial Institution Name _____ City _____ State

_____ Transit/Routing Number _____ Account Number

For Credit Card Payments:

_____ Credit Card Number _____ Exp Date _____ CVV #

_____ Credit Card Billing Address

For recurring authorization, this authority is to remain in full force and effect until CHARGE Anywhere has received written notification from me of its termination in such time and in such manner as to afford CHARGE Anywhere a reasonable opportunity to act upon it.

_____ Company Name

_____ Print Name _____ Title

_____ Signature _____ Date