



APPLICATION

Company name: _____ DBA name: _____

Actual business address: _____

City: _____ State: _____ Zip: _____ Phone: _____

e-mail address: _____ Website: _____

Mail/Phone Order: Yes No Tax ID #: _____ Years in operation _____

Has your company ever been denied electronic financial transaction processing? Yes No If yes, Date: _____

Anticipated total **monthly** EFT volume: \$ _____ Estimated average EFT ticket size: \$ _____

Has your company ever applied to CheckFree for processing? Yes No If yes, explain: _____

Nature of business (in detail) _____

Has your company been terminated by your existing processor? Yes No If yes, explain: _____

Is your company currently operating under Bankruptcy protection? Yes No If yes, explain: _____

Form of ownership: Corporation Partnership Proprietorship Other: _____

Schedule of Services and Fees

Application Fee: _____ Per Transaction Fee: _____ Pre-Item Returned Fee: _____

Set-Up Fees: _____ Discount Fee: _____ Optional NSF Resubmit: **\$1.50**

Monthly Access Fee: _____ Phone In Changes: **\$1.25** Custom Programming: \$250.00/hr.

A charge of \$15.00 will be assessed if any returned item is returned unpaid to CheckFree.

Principals

(All Principals owning 10% or more must be listed. Attach separate sheet if necessary)

Name: _____ Title: _____ %Ownership: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ %Ownership: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Title: _____ %Ownership: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____



Business Bank References

Bank Name: _____ Business Bank Account # _____

Branch Phone Number: _____ Account Holder Since (date): _____

Previous/Existing Bankcard Relationship: _____

I hereby certify that everything stated on this Application is true to the best of my knowledge and authorize ACH Payment Solutions, Inc. and CheckFree to conduct any credit or other investigation and agree to provide ACH Payment Solutions, Inc. and CheckFree with appropriate corporate and/or personal financial statements and/or tax returns for the evaluation of this Application. Pending review and approval, the ACH Payment Solutions/CheckFree Merchant Application and Merchant Agreement shall function as our contract.

Signature _____ Client _____ Date _____