



PO Box 6654 Douglasville, Georgia 30154
 770-947-334 Fax. 770-947-3397 www.apsofga.com

CLIENT INFORMATION:

Federal Tax Id Number:		State of Incorporation / Registration:	Month / Year Established:	
Legal Business Name:		DBA: <input type="checkbox"/> Same As Legal		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other				
Legal Address:		City:	State:	Zip:
Physical Address (If different from above)		City:	State:	Zip:
Telephone:		Fax:	Customer Service Number:	
Primary Email:		Website Address:		

PRINCIPAL / INDIVIDUAL 1

Name:	Title:	% Ownership:	DL#:	State:
Address:	City:	State:	Zip:	
Mobile Phone:	Social Security #:		Date of Birth:	

PRINCIPAL / INDIVIDUAL 2

Name:	Title:	% Ownership:	DL#:	State:
Address:	City:	State:	Zip:	
Mobile Phone:	Social Security #:		Date of Birth:	

FEES

Per Transaction/ Per Settlement: \$	Per Return/Per Exception: \$	Discount Rate: %	Chargeback Fee: \$
Monthly Minimum Fee: \$	Per Unauthorized Return: \$	Payer Authentication: \$	Monthly Fee: \$

AUTHORIZATION METHOD / PAYMENT ENTRY INFORMATION

Do you currently accept ACH Payments? Yes No
If yes, Please include your two most recent months processing statements

Company Name on Client Bank Statement (16 characters)	ACH Issues Debits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Client Request Merchant Reports: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, reports are sent to:	
ACH Descriptor (10 characters)	ACH Issues Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No	ACH Recurring Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Single Transaction: \$	Maximum Daily Amount: \$	Average Single Transaction: \$	Total Dollars per Month: \$
Authorization for ACH Payments will be obtained (please indicate the percentages that apply to each method)		ACH Custom Services (client requests): <input type="checkbox"/> Auto Re-Presentation of NSF Items <input type="checkbox"/> Payer Authentication <input type="checkbox"/> Account Verification <input type="checkbox"/> Automated Recurring Billing System	
By written Agreement: %	Verbally by Phone: %	Online: %	By the conversion: %
If payments are initiated online, please provide the URL's for the web pages where payments are accepted:		Payments are from or to: <input type="checkbox"/> Consumers / Individuals <input type="checkbox"/> Businesses / Organizations	

For the referenced URL please provide log in credentials or applicable passwords:

SETTLEMENT BANK ACCOUNT

Bank Name:	Business Name(as it Appears on Checks):	Bank Routing Number (9 digits):	Account Number:
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ACCEPTANCE OF AGREEMENT

Client wishes to originate ACH (Automated Clearing House) debit and/or credit items as a form of payment for goods or services or to facilitate funds transfer utilizing Base Commerce. Client has received and read the Seven (7) Page ACH (AUTOMATED CLEARING HOUSE PROCESSING AGREEMENT TERMS AND CONDITIONS). By signing below Client agrees to be bound by the terms and conditions of the ACH Processing Agreement. The terms and conditions of the ACH Processing Agreement are incorporated herein by this reference, and constitute part of the entire Client Agreement. Furthermore Client authorizes Base Commerce to debit and or credit the bank account indicated herein with respect to the receipt of settled funds, returned items and/or ACH Fees. Signer represents and warrants that he or she is an officer or representative of Client and that he or she is duly authorized to enter into this Client Agreement on Client's behalf.

CLIENT MAY VIEW AND DOWNLOAD A COPY OF THE ACH PROCESSING AGREEMENT TERMS AND CONDITIONS AT <https://docs.basecommerce.com/ach-agreement>

Client Name:	Client Name:
Authorized Signature:	Authorized Signature:
Name (Print or Type):	Name (Print or Type):
Title:	Title:
Date:	Date:

Client acknowledges a countersigned Agreement, exhibits or addendums from Base Commerce may not be sent to Client or received by Client unless such countersigned Agreement is requested by Client in writing. All terms and conditions in this Agreement are deemed accepted by Client upon Base Commerce's receipt of the Agreement executed by Client.

PERSONAL GUARANTEE

I/ We hereby guarantee to Base Commerce., its successors and assigns, the full, prompt, and complete performance of Client and all of Client's obligations under the Client Application for ACH Origination and ACH Processing Agreement ("Agreement"), including but not limited to all monetary obligations arising out of Client's performance or non-performance under the "Agreement", whether arising before or after termination of the "Agreement". This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the "Agreement", unless specifically discharged or amended. I/We understand that my/our obligations are independent of Client obligations. I/We understand that I/we have no right to enforce a remedy which Base Commerce, now has, or may later have, against Client or to participate in security now or later held by Base Commerce. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the "Agreement" by Client, and all other history, business relationships, and employment information. I/We have read, understand, and agree to be bound by the Terms and Conditions provided to the Client and those terms and conditions contained in the Client ACH Processing Agreement ("Agreement").

Guarantor's Signature:	Guarantor's Signature:
Name (Print or Type):	Name (Print or Type):
Date:	Date:

Base Commerce Internal Use Only

Authorized Signature:	Name (Print or Type)
Title:	Date:

CLIENT OVERVIEW

Please provide a brief description of your Organization and purpose(s) for which you will be accepting payment or making funds transfers utilizing the ACH Network and how payers provide you with their bank account information and authorization to initiate the ACH Payment(s):

NOTE: Please include with this application a VOIDED CHECK from the settlement bank account indicated above and the most recent two (2) months BANK STATEMENTS from that account. If no check is available, please provide a LETTER on Bank Letterhead verifying the account number and name on the account. Please note check must be pre-printed with organization's name and address.

Additional information may be required in order to process your application.

We look forward to being of service to you