

| ECHECK.NET® SERVICE APPLICATION FAX COVER AND CHECKLIST | |
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| To: eCheck.Net Application Support Department | From: |
| Company: Authorize.Net | Date: |
| Fax Number: (801) 818-3312 | Total No. of Pages (including cover): |
| | Your Authorize.Net Merchant ID: |

Instructions for Submitting the eCheck.Net® Streamlined Service Application

PLEASE FOLLOW THESE INSTRUCTIONS TO AVOID ANY DELAYS IN PROCESSING YOUR APPLICATION

This version of the eCheck.Net® application is intended for businesses that can provide a Personal Guarantor, and that meet the following criteria:

- Initial monthly eCheck.Net® transactions do not exceed \$20,000.00 in total processing
- Individual transactions do not exceed \$1,000.00
- Sole Proprietors and Partnerships
- Any other type of business under 2 years old
- Any other type of business over 2 years old that is willing to provide a Personal Guarantor

Please note that **initial monthly and per-transaction processing limits will be established by Authorize.Net** based on the Personal Guarantor's credit score and other information provided by a consumer reporting agency.

If your processing needs are not met by this application, please use our standard eCheck.Net application available at <http://www.authorize.net/files/echecknetstandardterms.pdf>.

To apply for the eCheck.Net service, please do the following:

Step 1: Provide ALL required information:

- Complete the attached eCheck.Net Streamlined Service Application (**all fields are required**)
- Submit a legible copy of the Personal Guarantor's United States driver's license (a legible copy of the Personal Guarantor's passport may be used **only** if a driver's license is not available)

Step 2: Print out and fax OR mail **all pages** of the completed and signed application, **and all other required documents** to: (Fax) 801-818-3312 or (Mail) eCheck.Net Application Support Department, Authorize.Net Corp., 915 South 500 East, Suite 200, American Fork, Utah 84003.

FOR INTERNAL USE ONLY:

DFR: _____ Complete AUR
 DFA: _____ Incomplete

ECheck.NET® SERVICE APPLICATION

This eCheck.Net Service Application is provided by AUTHORIZE.NET CORP., a Delaware corporation whose principal place of business is 915 South 500 East, Suite 200, American Fork, Utah 84003. Authorize.Net is a wholly owned subsidiary of Lightbridge, Inc., a Delaware corporation whose principal place of business is in Burlington, MA.

SECTION 1: Company Information

Company Name: _____ Authorize.Net Login ID: _____
Doing Business As: _____ Web Site URL: _____
Location Address: _____ City/State/ZIP Code: _____
Federal Tax ID #: _____ Type of Business: _____ Years in Business: _____
Phone #: _____ Fax #: _____ Mobile #: _____
Contact Name: _____ Contact Email Address: _____
Description of Products: _____
1. Does Merchant have or previously had an eCheck.Net account(s) with Authorize.Net? Yes No
If Yes, list Login ID(s): _____

SECTION 2: Answer the Following Questions About Processing Electronic Checks

- Has Merchant ever been terminated or cited by another ACH provider for violating a National Automated Clearing House Association (NACHA) rule or regulation? Yes No If Yes, please attach an explanatory letter.
- As defined by NACHA, does Merchant have commercially reasonable procedures in place to prevent fraud? Yes No
If No, please attach an explanatory letter.
- Provide a 10-Character Abbreviation* of your company name:
This will appear on your customers' bank statements. _____
- The eCheck.Net service accepts the following transaction types. Please indicate how Merchant will receive transactions (check all that apply):
 TEL. Merchant calls existing customers or customers call Merchant to place orders, and/or customers call to provide payment authorization.
 CCD. Merchant receives transactions from corporate entities, which authorize Merchant to charge their business checking account.
 PPD. Merchant receives prearranged transactions from its customers, who provide written payment authorization to charge their bank account.
 WEB. Merchant receives transactions from customers via an e-commerce Web site. Customer provides online payment authorization.

SECTION 3: Enter Personal Guarantor Information

Print Name: _____ Title: _____
Social Security #: _____ Date of Birth: _____
Street Address: _____ City/State/ZIP Code: _____
Home Phone #: _____ Email Address: _____
Years at This Address: _____

SECTION 4: Application Signature

Application and Acceptance. Authorize.Net shall notify Merchant if it approves its Application. Authorize.Net reserves the right to accept or reject any Application for any reason in its sole discretion. Upon Authorize.Net's approval of Merchant's eCheck.Net Application and prior to Merchant's use of the eCheck.Net Service, Merchant must accept and agree to the terms and conditions of the eCheck.Net Service Agreement located online in the Merchant Interface. (A copy of the eCheck.Net Service Agreement is available at <http://www.authorize.net/files/echecknetstandardterms.pdf> for Merchant's reference.)

Additional Restrictions. Authorize.Net reserves the right to accept Merchant's eCheck.Net Application subject to additional restrictions, including, but not limited to: (a) eCheck.Net per transaction and monthly ACH processing restrictions, and (b) the amount, if any, required to be deposited in a reserve account prior to activation of Merchant's eCheck.Net ACH processing account (collectively, the "**Account Restrictions**").

By signing as the Personal Guarantor, you authorize Authorize.Net to obtain your personal credit history.

By: _____ Date: _____
Signature of Personal Guarantor (an individual)

**FAILURE TO PROVIDE ALL OF THE REQUIRED INFORMATION
WILL DELAY THE PROCESSING OF YOUR APPLICATION**