



Merchant Processing Services

Office # \_\_\_\_\_

### Step # 1: Customer Information

<b>Business Name</b> _____			
<b>Customer ID #</b> _____			
<b>Owner's Name</b> _____			
First Name		Last name	
<b>Address</b> _____			
Address		City	State      Zip
<b>Phone #</b> _____			

	<b>Full Service</b> Cost \$ 9.95
<b>Program Includes:</b> Equipment Support Free Supplies	

	<b>Supplies Service</b> Cost \$ 7.95
<b>Program Includes:</b> Free Supplies	

<b>Equipment Rental Account</b>	
Monthly Rental Fee	_____
Type of Equipment	_____
*Please note upon cancellation of srvs equipment must be returned.	

**All Services Not Included Shipping Charge**

Merchant Maintenance Program for equipment replacement does not pertain to wireless terminals

### Mail / Faxing Authorization Agreement

<b>Mailing Address: MPS</b> 132 WEST 36 ST. NEW YORK , NY 10018	<b>Tel # 800-948-9125</b> <b>Fax # 877-467-5210 Attention : Technical Support</b>
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I am signing up for an automatic payment plan. I agree MPS or its authorized agent may automatically debit my bank account for the amount due on or after the payment date. I own cancel this automatic payment at any time by calling or writing to MPS or its authorization agent. I agree that MPS or my financial institution can cancel automatic payment for my account for any reason, at any time, with or without prior notice to me.

I understand that a return fee of \$25.00 will be charged on all returned items. I acknowledge that the origination of these debits to my account must comply with U.S.laws.I agree that this agreement remains in effect until canceled by MPS my financial institution or me. I have a copy of this agreement and I know I can also contact MPS or its agent for a copy.

Furthermore, I understand that if my membership is canceled within the first six ( 6 ) months, I will pay for any supplies or replacement equipment that MPS has supplied with during my enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_