



**LOPEDS Account No.** \_\_\_\_\_

**Application for Terminal/Internet Account/ IVR**

Business Legal Name	Seller's Permit Number (attach copy)	Social Security Number
Owner/Guarantor's Name	Driver License Number/State (attach copy)	Business Phone Number
Business Address	Mobile Number	Fax Number
Email Address	Desired User Name (4-10 Characters)	Desired Password

**LOPEDS Fees, Terms and Regulations**

Billing Period-Monday-Sunday	<b>Refunds or credit will be given after investigation.</b>	
ACH Requested Days:		
<b>Fee-Type</b>	<b>Frequency</b>	<b>Amount</b>
ACH Reject Fee	Per Occurrence	\$25.00
Terminal Replacement Fee	Per Lost or Damage Terminal	Not to Exceed \$250

**TRANSACTION/USAGE AGREEMENT/GUARANTY OF PAYMENT and ACH AUTHORIZATION**

**ACH AUTHORIZATION (MUST INCLUDE VOIDED CHECK):** In order to accommodate electronic access for settlement of sales of LOPEDS Products and services, I, the undersigned on behalf of Merchant, authorize and instruct Locus Telecommunications, Inc. ("LOCUS") to access Merchant's designated depository account and to initiate credit and/or debit entries by bank wire, payment order or Automated Clearing House ("ACH") transfer and to authorize the banking institution ("Depository") named on the attached check to block or to initiate, as necessary, reversing entries and adjustments for any original entries made to the depository account indicated above and to authorize Depository to provide such access and to credit and/or debit or to block the same to such account. This authorization is without respect to the source of any funds in the depository account, and this authority shall remain in full force and effect until LOCUS has received written notification of my account termination in such time and manner as to afford LOCUS and Depository a reasonable opportunity to act on it. In order to insure that transactions are properly handled, I have attached a specimen-voided check.

**Investigative Consumer Report:** An investigative, consumer or commercial report may be made in connection with this application. I, the undersigned, authorize LOCUS and/or any credit reporting agency employed by it to investigate my personal and business history and of the related principals, partners, stockholders and members and to obtain credit bureau reports for each for the purposes of this Agreement.

**Equipment/terminal Placement:** I, the undersigned, hereby understand and agree that I am requesting that this terminal be placed by LOCUS pursuant to the Transaction Services Agreement on file, and agree to abide by the terms described therein. I agree to be solely responsible for the safekeeping of all terminals. In the event of a lost, stolen or damaged terminal, I will be responsible for replacement or repair, at my expense. I also understand and agree to provide all supplies for the terminal, such as paper rolls.

**Business Account:** I, the undersigned, hereby represent and warrant that the depository account, which LOPEDS is hereby granted authority to access, is a business depository account of Merchant and not a personal depository account of any individual or representative of Merchant. Further, I hereby authorize LOCUS, and any representative thereof, to contact Depository to confirm that such account is a business depository account of Merchant.

Your signature acknowledges that you are authorized to execute on behalf of your company, are a signatory on the attached business check and have read and understand all information contained herein, the terms and conditions and any addenda, amendments, or attachments, all of which are incorporated into this agreement.

\_\_\_\_\_  
(Print Name)      Owner/Guarantor of

\_\_\_\_\_  
(Print Business Name)

**Business Checking Accounts ONLY**

Business Account Name	Bank Name
Account Number	Bank Address/Contact Phone Number
Transit Routing Number	Authorized Signer's Name
_____ Authorized Account and Guarantor's Signature	_____ Date