



THE PAYMENT PROCESSOR YOU CAN RELY ON FOR SERVICE AND STABILITY

400 NE 3rd. Avenue, Fort Lauderdale, FL  
33301 Phone: (877)401-0032

POINT OF BANKING ACCOUNT APPLICATION		
Date:		
Legal Business Name:		Phone:
Principal Signer Name:		Title:
Mailing Address:		Website:
City:	State:	ZIP Code:
Tax ID:	Business Type:	Years in business:
DBA BUSINESS INFORMATION		
DBA Business Name:		
Primary Contact Name:		
Physical address:		
City	State:	ZIP Code:
Website:	Phone:	Fax:
Anticipated Monthly Volume:	Average Ticket:	Number of transactions:
EQUIPMENT INFORMATION		
Equipment model:	V200c      V400m	Equipment pricing \$
Number of locations:	Number of terminals per location:	Total Terminal Cost: \$
Terminal Communication:		Time Zone:
SERVICE FEES		
Customer Surcharge: <b>\$2.50</b>		Merchant Surcharge: \$
Monthly Service: \$		Monthly Wireless Fee (per device): \$

Fax Application To: (877) 779-2715  
Email Application To:  
Daryl@Professionalpaymentsolutionsgroup.com

Merchant's signature acknowledges acceptance of the terms written in this entire Point-of-Banking Account Application ("Agreement"). Merchant agrees not to sign this Agreement if not willing to accept the terms as follows.

- I. Merchant understands and agrees that amount "Merchant Receives" cannot be guaranteed due to banking industry market conditions which could cause mandatory price increases in the future. Merchant agrees to hold IPN LLC ("IPN") harmless, blameless, and free of all legal liability for funds processing services and equipment functionality.
- II. This Agreement shall be for an initial term of one (1) year from the date of merchant's signature, and shall renew for additional one (1) year terms unless IPN or Merchant provides the other written notice of its intent not to renew thirty (30) days prior to the expiration of the current Term. Merchant's termination of this Agreement prior to the expiration of the current Term or any Renewal Term shall result in the assessment of a \$295.00 early termination fee by IPN. IPN reserves the right to terminate this Agreement immediately without cause upon providing written notice of such termination to Merchant. In the event IPN terminates this Agreement without cause, Merchant shall not be assessed an early termination fee by IPN.
- III. Merchant authorizes IPN, its affiliates and assignees to debit its bank account listed on the ACH Authorization Release for any program fees. Authorization remains in effect until Merchant notifies IPN they are quitting the service.
- IV. Merchant agrees that they are responsible to pay for equipment replacement and any repairs their equipment might need.
- V. Merchant agrees to be solely responsible for following and abiding by applicable industry regulations, local/state/federal laws relating to offering this service to the general public.

Print Name: \_\_\_\_\_  
Please PRINT neatly and clearly

Signature: \_\_\_\_\_  
Please SIGN neatly and clearly

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ACH AUTHORIZATION RELEASE

\_\_\_\_\_ hereby authorizes EFT Service to initiate ACH transfer entries for all the following:

- Credits Transaction Settlement Surcharge
Debit Adjustments

These entries will be made through the account at:

Financial Institution Name:
Branch/City, State:
Phone Number:
Account Name:
Routing Number (ADA): Account Number:
Type of Account: Checking Savings Money Market Credit Union

Adjustment Notifications will be sent to you at the business address as listed below:

Company Name: Attention:
Street Address:
City: State: ZIP:
Phone Number: Email:
Signature: Date:

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK HERE. BANK DRAFTS AND DEPOSIT SLIPS NOT VALID.
IF NO PRE-PRINTED CHECK IS AVAILABLE ATTACH A BANK LETTER IN PLACE OF PRE-PRINTED CHECK.

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PPSG  
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Legal Name:			
DBA Name:			
DBA Address:			
City:	State:	ZIP:	Phone:
Contact:		Email:	
Number of Terminals:			
Legal Name:			
DBA Name:			
DBA Address:			
City:	State:	ZIP:	Phone:
Contact:		Email:	
Number of Terminals:			
Legal Name:			
DBA Name:			
DBA Address:			
City:	State:	ZIP:	Phone:
Contact:		Email:	
Number of Terminals:			
Legal Name:			
DBA Name:			
DBA Address:			
City:	State:	ZIP:	Phone:
Contact:		Email:	
Number of Terminals:			
Legal Name:			
DBA Name:			
DBA Address:			
City:	State:	ZIP:	Phone:
Contact:		Email:	
Number of Terminals:			

**Print Name:** \_\_\_\_\_

Please PRINT neatly and clearly

**Signature:** \_\_\_\_\_

Please SIGN neatly and clearly

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