



Client Application

Zero-Cost Credit

SALES PARTNER INFORMATION

Company Name _____

Representative _____

BUSINESS INFORMATION

Please complete the following information about your business.

Legal Business Name _____

DBA _____

Street Address _____ City _____ State _____ Zip Code _____

Products / Services Sold _____

% of Ownership Date Business Started (MM/YY) / SOLE PROP PART CORP LLC

Owner's First Name _____ Owner's Last Name _____

Business Phone _____ Business Email _____

Federal Tax ID _____ Website URL _____

ADDITIONAL INFORMATION

Owner's SSN - - Owner's Birthdate (MM/DD/YY) / /

Owner's Home Address _____



POINT OF CONTACT

The Point of Contact is the member of your office with whom we will communicate about your CardX account.

First Name (If Point of Contact is different from Owner)

Last Name (If Point of Contact is different from Owner)

Phone Number

Email Address

SOLUTION PRICING

The details of the Zero-Cost Credit pricing are below.

When consumers make payments by credit card, your business will collect a credit card fee of %.

Your business's cost on consumer debit card transactions is % + \$ *.

Portal Subscription: \$ /month PCI Fee: \$ /month

*Please note:

Commercial debit cards, because of a higher rate charged by the issuing bank, cost 3.38% .

Key-entered debit transactions on the CardX Terminal do not qualify for the 1% + \$0.25 rate. To achieve the 1% + \$0.25 rate for key-entry, we invite you to sign up for a Virtual Terminal.

PAYMENT TYPES ACCEPTED

Please select the payment types your business would like to accept.

MASTERCARD / VISA

AMERICAN EXPRESS

DISCOVER

CARD PAYMENT VOLUME

Please approximate your business's anticipated card payment volume.

MasterCard / Visa \$ /month

Discover \$ /month

American Express \$ /month

Average Ticket \$

High Ticket \$

% of Transactions Swiped

% of Transactions Keyed

% of Transactions via Internet

EQUIPMENT AND DEVELOPMENT

Your Sales Partner will note the equipment and development required by your business.

	Quantity	Price Per Unit
<input type="checkbox"/> CARDX TERMINAL	<input type="text"/>	\$ <input type="text"/>

VIRTUAL TERMINAL

Customize URL

LIGHTBOX

Additional Fields

BILLING INFORMATION COMPANY NAME

INVOICE NUMBER ACCOUNT NUMBER

More information: developer.cardx.com/lightbox

BANKING INFORMATION

Please provide your business's banking information so that electronic payments can be deposited to your account.

Bank Name

Routing Number (9 digits)

Account Number

ACH AUTHORIZATION

I authorize CardX, LLC to debit the bank account indicated on this form each month. If I wish for a different bank account to be used, I will provide its respective Routing Number and Account Number in the "Notes" section below.

Following a one-month grace period, CardX will initiate a recurring debit on the 1st of every month. For example, if I submit this application on February 1st, the first recurring transaction will take place on March 1st. If the 1st of any month falls on a weekend or holiday, the payment may be executed on the next business day.

This authorization will remain in effect indefinitely, or until I cancel it in writing (by emailing support@cardx.com) no fewer than 5 business days prior to the next billing date.

In case of any ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that CardX may at its discretion attempt to process the charge again.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute CardX's recurring billing with my bank so long as the transactions correspond to the terms indicated in this agreement.

If you've selected the CardX Terminal, the below also applies:

I may cancel this authorization at any time without penalty, so long as I return the CardX terminal in good condition by mail to CardX (401 N. Michigan Ave., Suite 1610, Chicago, IL 60611) no later than 30 days after I give notice of cancellation.

If I fail to return the terminal in good condition within 30 days after I give notice of cancellation, CardX will initiate a one-time debit of \$299.00 from my account.

CLIENT SIGNATURE

DATE

NOTES (OPTIONAL)

Please use this section to note any special instructions.

SIGNATURE

Please complete your application by signing below.

By signing, you accept Terms and Conditions: www.cardx.com/terms/client-terms.html

CLIENT SIGNATURE

DATE