



# Merchant Application and Agreement

|                  |  |
|------------------|--|
| Sales Rep Name   |  |
| Application Date |  |

## GENERAL INFORMATION

|                            |  |
|----------------------------|--|
| Merchant Name              |  |
| Merchant Address           |  |
| Phone Number               |  |
| Owner Name                 |  |
| PPS Merchant ID (Optional) |  |

## SERVICE ACCEPTANCE AND FEES

|                    |  |  |
|--------------------|--|--|
| Website Type       | <input type="checkbox"/> Marketing Website | <input type="checkbox"/> eCommerce Website |
| Monthly Fee        | _____                                      | Subscription Start Date                    |
| One-Time Setup Fee | _____                                      | _____                                      |

## MERCHANT WEBSITE DESCRIPTION

|                  |  |
|------------------|--|
| Merchant Name    |  |
| Merchant Address |  |

## CREDIT/DEBIT AUTHORIZATION

**Account on File Option:** Use existing merchant services account for billing.

**New Credit/Debit Authorization**

I (we) hereby authorize PRIORITY PAYMENT SYSTEMS LLC (or its affiliates on its behalf) to initiate debit or credit entries and adjustments to my (our) checking/savings account, listed below, as allowed under the MX™ Storefront Terms and Conditions and under any agreements with our affiliates for relative services, as well as any entries in error. I also authorize the financial institution, listed below, to affect all such debits and credits to my (our) account. This authority will remain in full force and effect until I (we) have given written notice to the financial institution where my (our) account is maintained and that all monies due under the MX™ Storefront Terms and Conditions and under any other agreements with Priority Payment Systems LLC or its affiliates for any related services have been paid in full.

|  |  |
|--|--|
| Name of Financial Institution                                |  |
| Address of Financial Institution – Branch, City, State & Zip |  |
| ACH Routing Number   |  |
| Bank Account Number  |  |

**Please Attach: Preprinted Voided Check or Bank Letter**

## SIGNATURES

By its signature below, Merchant acknowledges that it has received (either in person, by facsimile or electronic transmission) the complete MX™ Storefront Terms and Conditions.

Merchant further acknowledges reading and agreeing to all terms set forth in the terms and conditions, which are incorporated herein by this reference.

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

**Print Name of Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email your signed application and required documentation to: [productsales@pps.io](mailto:productsales@pps.io)

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