

ORDER/AUTHORIZATION FORM v1.6

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Business Legal Name:

Merchant Number (MID):

Date:

CHANGE(S) REQUESTED

Manufacturer	Model	Quantity	Amount	Notes

Total Amount:

Deliver Amount:

Taxes (if applicable):

Grand Total:

Delivery Method (costs are passed through by carrier)

SHIPPING INFORMATION

Business Name:

Address:

Suite/Floor:

City, State, and Zip:

PAYMENT METHOD

At ISO's discretion, default payment method is via merchant statement (will be debited on month-end statement).

Special Instructions:

All capitalized terms herein shall have the same meaning as set forth in the Merchant and/or ACH Origination Agreement associated with the Merchant Number set forth above. The undersigned individual(s) certify(ies) that (i) he/she/they are duly authorized representatives of the Merchant set forth above, and as set forth on the Merchant and/or ACH Origination Agreement, (ii) he/she/they are duly authorized to submit this Order/Authorization Form on behalf of the Merchant as described herein, and (iii) he/she/they agree to indemnify, defend and hold harmless ISO/Bank/TPS/ODFI, as may be applicable, from and against any claims related to the changes requested herein.

The total amount set forth above shall be debited from the Operating Account, at or near the time of debiting month-end fees, unless otherwise specified herein by Merchant. Nothing in this document shall supersede or in any way modify the terms and conditions of the Merchant and/or ACH Origination Agreement, which shall remain in full force and effect.

ACCEPTANCE

Print Name:

Signature:

Date: