



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

ATTN: MX™ Storefront • PO BOX 246 • Alpharetta, GA 30009i 0246 • Telephone 678.486.1886