

Please complete and return this application by fax to 617-249-0850.

Date: _____

Or mail to: BetterCheck Applications, c/o yourfavorite.com, Box 230641, Boston, MA 02123.

Advanced BetterCheck™ Account Billing Authorization / Responsible Party Form

ALL FIELDS REQUIRED – If you leave any fields blank, your application cannot be processed.

Business Information: Legal Business Name: _____

Location Address: _____ City/State/Zip: _____

Business Phone: _____ Fax: _____

Web-Site Address: _____ Email Address: _____

Check One: Corporation _____ Partnership _____ Sole Proprietorship _____ Federal ID#: _____

Type of Business (be specific): _____ Years in Business: _____

Personal Information / Responsible Party: ALL FIELDS REQUIRED

Name: _____ Title: _____ %Ownership: _____

Home Address: _____ City/State/Zip: _____

Years at Current Address: _____ Home Phone: _____ Date of Birth: _____

Social Security #: _____ Drivers License#: _____ State: _____ Exp: _____

Volume and Replenishment: [select level]

_____ : \$100 minimum replenishment level 49¢ per transaction

_____ : \$500 minimum replenishment level 44¢ per transaction

_____ : \$1,000 minimum replenishment level 39¢ per transaction

\$25 monthly fee

Batch fee of 1¢ per transaction applies to batch processing only.

Plan change fee, upgrade or downgrade \$25

This is an application authorization for [Check One]:

_____ : Advanced BetterCheck New Application \$195

_____ : Advanced BetterCheck Upgrade \$59

_____ : Advanced BetterCheck Existing Client Plan Change \$25 | **Existing Username:** _____

_____ : Advanced BetterCheck New Credit Card Authorization

Existing Username: _____ **OR** **Order Number:** _____

I authorize the following credit card to be used in association with this account. MC | VI | AX

Card Number: _____ Expiration Date: _____

I attest that all information provided in this application is true to the best of my knowledge. I authorize yourfavorite.com to bill my credit card above, or the card entered into the BetterCheck terminal when I choose to replenish my balance, and I understand that all setup fees and funds added to the account are non-refundable under any circumstances. I authorize yourfavorite.com to verify my application by checking my credit report, and I understand that yourfavorite.com may report my account status to various credit bureaus. I understand that I am fully responsible for the security of my virtual terminal, my username, and my password, and I accept full responsibility for ALL transactions processed via my terminal or via direct link to my account. I agree to the full terms of service at the following URL <http://yourfavorite.com/about/tos.htm>, and I have taken the time to thoroughly read these terms of service and I agree with them. I also agree to the associated refund policy, abuse policy and privacy policy, and by signing and submitting this application, I warrant that I fully understand all of these agreements. I understand that incomplete applications, telephone assisted applications, or rejected applications that require reprocessing will incur a fee of \$5. This document must be the most current version available when it is submitted, or a new form must be received before it will be processed. This application is revision number is 2.92.

Signature: _____ **Date:** _____

Printed Name: _____

REQUIRED Please be certain to include the following with your fax:

1. LEGIBLE copy of the front AND back of your credit card listed above. Card must be signed.

2. LEGIBLE copy of a photo ID matching the name and matching the signature on the accompanying credit card.