

Prepay Nation Customer Application



CUSTOMER INFORMATION Agent: _____	<u>State Sales Tax #</u> _____	Business Owner Information SSN: _____ Date of Birth: _____
	Federal Tax ID (EIN): _____	
	Owners Address: _____	
Business Name: _____	Email: _____	
Address: _____	City: _____	
State: _____ Zip: _____	Phone: _____	Fax: _____

Will you primarily be using: PC with Internet Connections Smartphone/Tablet Api Connection__ (please circle one)

ACH & BANKING INFORMATION: *Please note: All invoice collection will be from merchants bank account.*

Please include a copy of a voided check AND copy of Drivers License of Business Owner

Bank Name _____ Bank Phone _____

Bank Contact Name _____ Address _____

Account Name _____ Account Number _____

Routing Number _____

RETAILER: I, the undersigned, accept responsibility for security and accountability of all prepaid products sold. **I authorize Prepay Nation (PPN) or any affiliate working on the behalf of PPN to withdraw funds out of the above account periodically for sales of product obtained from PPN.** Frequency of ACH may change if necessary. Documentation of ACH amounts and reporting of sales will be made available via internet for **FREE**. A deposit may be required. I agree that any legal action concerning this contract will be brought in the Pennsylvania District Court in Chester County, Pennsylvania, or any legal venue that PPN chooses, and that this contract will be governed by the laws of the State of Pennsylvania, which will include PPN's right to recover reasonable attorney's fees. PPN reserves the right to assign collection authority and choice of legal venue to its assigned agents. There will be a \$30 fee for any returned draft or check payment.

PERSONAL LIABILITY: The owner of the company takes sole responsibility of making sure all ACH Debits are successfully transferred to the bank of PPN. If any ACH Debit fails regardless of bank error, Insufficient Funds, Etc the retailer agrees to be held personally responsible for any monies due to PPN. This agreement constitutes that if monies aren't paid in full within 10 Business Days (unless otherwise agreed upon in writing) PPN and its underlying companies or agents have the right to take legal action against the owner of the company at the owner's expense, go into retail location and collect in equal amount of merchandise valued by PPN and it's partners, or any other way they may see fit to deem appropriate to collect their funds due.

Consent to Obtain Credit Report: I consent the right of Prepay Nation, or its authorized agent, to obtain a report of my credit and the use of the information to determine the level of daily and weekly credit limits that my business is eligible for.

Issued to Seller: PPN
 Address: 1055 Westlakes Drive, Suite 300, Berwyn, PA 19312

I certify that: Name of Firm (Buyer): see merchant info above is engaged as a registered

Wholesaler Retailer Manufacturer Seller Lessor Other (Specify) _____ and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following: General description of tangible property or taxable services to be purchased from the seller: **Prepaid Calling Cards, Prepaid Wireless Refills, Prepaid Wireless Handsets, other Prepaid Products.** I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

SIGNATURE _____ TITLE _____ DATE _____

Print Name _____