

CHECKREDI[®] MEMBERSHIP AGREEMENT

This contract constitutes the entire Agreement between you, herein referred to as the "Member", and CHECKREDI, herein referred to as the "Company" and sets forth the terms and conditions of your benefits. If you have any questions concerning your benefits, do not hesitate to call us. We take pride in serving you and welcome your questions.

ONE TIME FEES	FEE FIRST LOCATION	FEE PER EACH ADDITIONAL LOCATION
	/	/

SERVICES PROVIDED	NUMBER OF LOCATIONS	CHECK LIMIT PER TRANSACTION
	1	/

- CHECK GUARANTEE SERVICE
- VERIFICATION
- CONTINGENCY COLLECTIONS
- VERIFICATION WITH CONTINGENCY COLLECTIONS

Effective Date: _____

MEMBERSHIP FEES	INQUIRY RATE	CHARGE PER TRANSACTION	MONTHLY MIN. PER LOCATION	MONTHLY PREMIUM	FLOOR LIMIT	OVER THE LIMIT CHARGE (GUARANTEE ONLY)	STATEMENT FEE	
							ACH	NON ACH
	/ %	/	/	/	/	/	N/C	\$3.00

VERIFICATION EQUIPMENT	DESCRIPTION	UNIT QUAN.	PURCHASE PRICE PER UNIT	6 MONTH PURCHASE PRICE	MAINT. PER UNIT PER MONTH	RENTAL/LEASE PER UNIT (INCLUDES MAINT.) MONTHLY FEES
	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/

MEMBERS FINANCIAL INSTITUTION	PHONE NUMBER	FINANCIAL INSTITUTIONS CITY AND STATE	MEMBERS ACH ACCOUNT NUMBER/ATTACH A VOIDED CHECK	
			ABA TRANSIT#	ACCOUNT NUMBER

SERVICE PROVIDED TO:

BILL TO:

X	MEMBER NAME		
X	DBA		
X	PHONE NUMBER	FAX NUMBER	
X	CONTACT NAME AND TITLE		
X	ADDRESS		
X	CITY	STATE	ZIP
X	EMAIL		

MEMBER NAME		
DBA		
PHONE NUMBER	FAX NUMBER	
CONTACT NAME AND TITLE		
ADDRESS		
CITY	STATE	ZIP
EMAIL		

SPECIAL INSTRUCTIONS: NONE

ACH Debit and Credit Authorization: I authorize my Financial Institution to pay and charge to my account by electronic fund transfer the amount due CHECKREDI under this Agreement and to accept all credits and debits made to my account by electronic fund transfer as a result of CHECKREDI electronic check authorization processing services. This authorization shall remain in effect until revoked in writing and shall begin on _____.

THIS AGREEMENT INCLUDES ALL OF THE TERMS AND CONDITIONS ON THE ATTACHED SIDES. THIS AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF EACH PARTY AS OF THE DATE WRITTEN ABOVE AND SIGNED IN MULTIPLE COPIES EACH BEING EFFECTIVE AS AN ORIGINAL.

X Authorized Signature
W. Barnett Rock
 CHECKREDI Representative

Authorized Signer on Account for ACH

 Name Printed

Initial Payment Received: _____ Employee Code _____
 CK#: _____

CHECKREDI Management Approval

 Date Approved: _____

Client # _____ Bank Auth. Sent: _____ Bank Auth. Verified By: _____
 POS#: _____ Welcome Sent: _____ Stamps Ordered: _____
 Billing Posted: _____ Originals Received: _____

CONTRACT NOT VALID AND BINDING UNTIL APPROVED BY AN AUTHORIZED MANAGER OF CHECKREDI.