



APPLICATION FOR FLEXI-CHEK™ PRE-AUTHORIZED CHECK SERVICE

Legal Name of Business: _____

Doing Business As: _____
(Payee Name For Pre-authorized Checks)

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Ownership? Corporation How Long in Current Business? _____
 Partnership
 Sole Proprietorship
 Non-Profit Organization

Referred By: Internet
 Other (Please Specify) _____

Describe Product or Services: _____

AUTHORIZATION AGREEMENTS

Client shall obtain valid, completed and signed authorization agreements from all clients for whom MICR will produce FLEXI-CHEK™ pre-authorized payment checks.

DISPUTES

All disputes between client and client's customers relating to any pre-authorized check transaction shall be settled between client and such individual or company. Client agrees to indemnify and hold MICR harmless from claim, liability, loss or expenditure relating to such transaction and from client's breach of any of its obligations under this agreement.

Signed: _____ Title: _____
 Date: _____

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A Welcome Kit will be mailed shortly after approval with a Client Number which you need to include on all orders.

DISCOVER THE CONVENIENCE OF THE INTERNET

When you receive your Welcome Kit, it will include a password for ordering on the Internet, along with instructions. Orders over the Internet are discounted \$.50 from the regular price of the checkbook. You can use the Internet to check the status of orders also.

When you are approved as a client we will mail a welcome kit with helpful materials, including a user manual for our internet ordering system. Additionally, you will be assigned a client id, user name and password for internet ordering. Customers can use our online security system to create and maintain users and permission levels for their employees.

Payment Agreement

The initial set-up fee (\$49 effective January 1, 2001) will be billed with your first month's orders. Invoices will be sent after the first of the month. The minimum invoice is \$6 per month.

As a payment option, MICR will collect monies due by debiting your bank account each month with a pre-authorized check (PAC). If you elect to pay by pre-authorized check, please complete the authorization below and fax back the entire application **along with a copy of a check from the account to be debited** to 615-333-7814. A statement will be mailed at the first of the month, and the PAC debit to your account will be deposited on the 7th business day of the month.

AUTHORIZATION TO HONOR CHECKS DRAWN BY AND PAYABLE TO: MICR Data Systems, Inc.

To The Bank Designated: You are hereby requested and authorized to honor and to charge to the account described, any checks drawn on such account which are payable to the above named Payee. It is agreed that your rights with respect to each such check shall be the same as if it bore a signature authorization for such account. It is further agreed that if any such check is not honored, whether with or without cause, you shall be under no liability whatsoever. This authorization shall continue in force until revocation in writing is received by you.

Name of Bank _____

Street Address _____

City, State, Zip Code _____

Bank Account In Name of _____

Account Number _____

Signature of Owner _____

Date _____

Signature of Co-Owner (If any) _____

Date _____