



MERCHANT ACH DEBIT AND CREDIT CARD AUTHORIZATION AGREEMENT

4041 B Hadley Road
South Plainfield, NJ 07080
tel. 800.211.1256
fax. 732.417.4448

(Form MPAA-0112-1)

I hereby authorize CHARGE Anywhere LLC, hereinafter called COMPANY, to process payment for amounts due to the COMPANY from the account described below.

Check the appropriate payment frequency:

☐ One time charge of: \$ _____

Notes: _____

☐ All recurring and one time charges

of Units: _____

Activation Fee: \$ _____/unit

Monthly Fee: \$ _____/unit

Transaction Fee: \$ _____/ea.

Annual Fee: \$ _____

Check the appropriate payment method:

☐ Credit Card

☐ ACH Debit (include a voided check)

☐ ACH Credit

For ACH Debit Payments:

Financial Institution Name _____ City _____ State _____

Transit/Routing Number _____ Account Number _____

For Credit Card Payment:

Credit Card Number _____ Exp. Date _____ Name on Card _____ CVV # _____

Credit Card Billing Address _____ City _____ State _____ Zip _____

For recurring authorization, this authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act upon it.

Business Name _____

Business Phone Number _____ Merchant ID _____

Print Name _____ Title _____

Signature _____ Date _____