

## **AUTHORIZE.NET INTERNET SET-UP FORM**

### Merchant Business Information/Owner Principal Information

Business DBA:	Tax ID#:
Address:	Business Type:
City, State, Zip:	Age of Business:
Phone:                      Fax:	Products Sold or Services Rendered:
E-Mail Address:	Recurring Billing:                      YES                      NO
URL Address (www):	Shipped Goods:                      YES                      NO
Contact Name:	Subscription Sales:                      YES                      NO
Owner/Principal Name:	Agent Key Code:
Title:                      SS#:	Signing Rep:
Home Address:	Signing Office:
City, State, Zip:	Sales Office ID#:
Home Phone Number:	Virtual Terminal – real time (web link) etc:

### Website Integration Information

Website Master:
Contact Name:
Phone Number:

<b>Merchant Configuration Information – CPS USE ONLY</b>	<b>Billing Information:</b>
Logon ID (supplied by merchant, include 6 + alpha numeric characters):	Bank Name:
Password (supplied by merchant, include 6 + alpha numeric characters):	Bank ABA Code:
E-Mail Address:	Bank Account #:
Client Number: <b>1701</b>	One Time Set Up Fee:
Merchant # (Gensar) (MID#):	Monthly Gateway Fee:
Terminal # (TID#):	Credit Card Transaction Fee:

I, \_\_\_\_\_ (merchant), understand that it is my responsibility to have my web-site integrated (either by my web-master or myself) to the Authorize.Net Gateway.

Merchant Signature: \_\_\_\_\_ Date: \_\_\_\_\_