



New Account Worksheet

New Form

Updated Form

General Information

Reseller Partner Name/ Company/ISO/Referral	Reselle Sales Person	Order #	
Account/Business Name		Business Phone	
Business Address	City	State	Zip
Merchant Point of Contact (POC)/Owner Name		Cell Phone (POC)	
Email (POC)			
Business Type <input type="checkbox"/> QSR <input type="checkbox"/> Tableside <input type="checkbox"/> Retail <input type="checkbox"/> Grocery			

Tax Rate	Tax name	Tax %	We can accommodate up to 3 tax rates per business. Tax names: Meals Tax, Liquor Tax, Sales Tax, etc. Notes:
Tax 1			
Tax 2			
Tax 3			

Hours of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

License and Support Information	Quantity Ordered	SAAS	Total
First Station (POS or Mobile Station)		x \$49	\$49
Additional POS Stations		x \$39	\$
Additional Mobile Stations		x \$29	\$

Name to Integration Services	Total

Totals

	Monthly Total:	
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Customer Name _____ ("Reseller") hereby authorizes Priority Technology Holdings, Inc. (together with its affiliates "Priority") to credit or debit the bank account named below. If a credit or debit is scheduled to take place on a non-banking date, the transaction will take place on the next banking day. Customer acknowledges that origination of ACH transactions to the below bank account must comply with applicable laws, rules, and regulations, including NACHA rules.

ACH information

Name of Account:	Bank Name:
<input type="checkbox"/> Account On File	<input type="checkbox"/> New Account Info
Bank Routing #:	Bank ACC #:

This authorization shall remain in full force and effect until Priority receives written notification from Customer of Priority intent to terminate this authorization in such time and manner as to afford Priority and bank named above a reasonable opportunity to act on it.

Reseller Signature:	Date:
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