

		TELEPH	ONE CHECK				
Payment Types to be Used (check all that apply)	Telephone C						
How will you confirm your customer's authorization		Company will send Email Notification Company will send US Mail Notifica					ny will Record
	ProfitStars will						
			<u> </u>			Oursetissessing	
Would you like ProfitStars to Automatically Represent NSF ACH Re	etums?	Yes	SS PROFILE	ipiele ACH (Collection & Representment Optic	ns Questionnaire	
Business Description (describe exactly what types of products or se	ervices you will be accepting						
How Are Your Sales Generated?							
Internet% Mail Order% Retail	% Inbound Phone	% Outbound	Phone% (r	nust have e	xisting relationship)		
Other% (specify): Describe your primary method of marketing your products and servi							
Describe your primary method of marketing your products and servi	lices						
How do you deliver or ship your products?		What is the approximation	ate timetable from the d	ate of order	to the date the product is shipped		
Refund Policy (provide details of your return policy)							
Annual Sales	0/	Credit Car	d	0/			
<u> </u>	%			%			
Please provide details about your current and anticipated check pro numbers are accurate.	ocessing activity. The inform	ation you enter will be	used to determine your	underwritin	g criteria. Please complete all of t	he fields, ensuring that both	current and projected
		Current Volume	Projected Volume	[TOTAL DO	LLAR AMOUNT OF ALL I	TEMS
What is the average number of items you process per day		Current Volume	Trojotica Volume			Current	Projected
What is the maximum number of items you process per day					Daily Avg:	\$ -	\$ -
What is the maximum number of items you process week				Daily Max:	\$-	\$ -	
What is the maximum number of items you process per month				Weekly Max:	\$ -	\$ -	
				1	Monthly Max:	\$-	\$ -
What is the average dollar amount per item What is the minimum dollar amount per item							
What is the maximum dollar amount per item							
Check Frequency from Any One Individual	Daily Weekly	Bi-Week	dy Monthly		Other (specify):		
		Check / Debit Au	thorization Agreemen	t			
I authorize PROFITSTARS - A JACK HENRY COMPANY to electron		count for a one-time, I	Non-Refundable Applica	tion & Setu			
additional debit to my checking account for the State maximum retu	urned check fee. My entry o	of the above information	n and my signature on t	his agreeme	ent below shall be my authorizatio	n to execute this transaction	1.
						Debit this amount	\$-
Print Name			Address, City, State &	Zip			
Authorized Signature			Title				
Print Name			Date				
Sales Representative (Individual Name & Company Name)							