



Please Fax to: **800.398.8931**

We will build your Authorize.Net™ eCommerce GatewayOnly Account and email you your activation instructions within one business day of receiving your completed **Sign-Up Form**.

Authorize.Net eCommerce Website

GatewayOnly Account Sign-Up Form: **CLASSIC PROGRAM**

Step 1 – Company Information - **REQUIRED:**

Company Name _____

Street Address _____ City _____

State _____ Zip _____ Phone _____ Age of Business (years) _____

Business Type: Partnership _____ Sole Proprietorship _____ Corporation _____ LLC _____ Non Profit _____

Fed Tax ID _____ Products/Services Sold _____

Step 2 - Owner/Principle/Partner/Officer Information - **REQUIRED:**

Full Name _____ Title _____

Social Security or Fed Tax ID Number (9 digits) _____

Step 3 – Billing Information for Authorize.Net to bill Monthly Gateway Fees - **REQUIRED:**

Bank Name: _____

Bank ABA Routing Code (9 digits): _____

Bank Account (checking) # _____

Step 4 – Merchant Account Sale's Rep Contact Information - **REQUIRED**

Please provide your Merchant Account **Sales Rep/Account Executive's** contact info to confirm your merchant account data.

Sales Rep's Name: _____ Phone: _____ Email: _____

Authorize.Net eCommerce GatewayOnly Fees: [Classic Program](#)

By signing below, I acknowledge and agree that:

(I) I am an authorized principal, partner, officer, owner or other authorized representative of Company that is authorized to bind Company to contractual obligations and authorized to provide the information contained in this Set-Up Form.

(II) My credit card will be charged a **non-refundable one time Setup Fee indicated below** upon completion of the building of my Authorize.Net eCommerce GatewayOnly Account, and I will thereafter be charged monthly Gateway Access Fees and Per Transaction Fees, as set forth below and in the Authorize.Net Payment Gateway Merchant Service Agreement.

(III) I have read, and agree to be bound by the terms and conditions of the Authorize.Net Payment Gateway Merchant Service Agreement incorporated herein by reference and located at the following URL: http://www.authorizenet.com/files/Authorize.Net_Service_Agreement.pdf.

YOUR SIGNATURE: _____ **Date:** ____/____/____

- **One Time Setup Fee:** \$49.00 **Classic Program**
- **Gateway Access Fee (Monthly Fee):** \$15.00
- **Per Transaction Fee:** 10 cents each



Credit Card Number: _____
for billing of non-refundable one time setup fee



C.V.V. _____ **Expiration Date:** ____/____

(billing information must match what your card issuer has on file)

Cardholder Name (as it appears on card): _____

Billing Street Address: _____

City _____ State _____ Zip _____

Your Email Address: _____

- **Please Fax Completed *Sign-Up Form* to: 800.398.8931**
OR Scan & Email *Sign-Up Form* to: info@gatewayonly.com

Within one business day of faxing your completed *Sign-Up Form*, you will receive a detailed email containing your "*Activation Instructions*" for your new Authorize.Net payment gateway.

If you have any questions, please call us at: **888.476.GATE (4283)**