

Sign up checklist for the RTOWebpay.com service. Follow each step on this checklist, check each box as you complete the step, then email or fax this page after it is completed, along with all the other required forms filled out. Email to sales@rtopro.com or fax to 352-835-0682.

○ 1. Please provide the following info for each location that will participate in the Webpay service.

Company Name:	Phone:
Address:	Store # in RTO Pro:
City St Zip:	Company Website:

Email address for customer reference / Webpay payment notices:

Email address for billing notices:

○ 2. Fill out the RTOWebpay Authorization/Service agreement form (Page 2). The first day of each month you will also be charged by Autopay, your Webpay fees, for the previous month. The only fee is 50 cents per payment transaction, no monthly fee, no setup fee.

○ 3. Your support / lease plan for RTO Pro will have to be setup on Autopay, either by ACH or credit card. You can use the form on page 3 to sign up. You can find your payment details on any receipts or invoices or contact support.

4. You will need to provide banners for your Webpay portal, see this page for banner details
http://www.rtopro.com/banners.aspx. We do design basic banners for free if you want us to make them. Call
352-383-9375 if you want us to make them for you. We would need logo or any other image you would like to use.

○ 5. If you are accepting credit card payments, we need the merchant credentials from the RTO Pro integrated credit card processor. They typically email those after you are setup. If you are not setup for integrated credit card processing yet, call 352-383-9375 to get their contract info to get setup.

○ 6.Check the payment forms that you accept below.

VISA	Mastercard	American Express	Discover	ACH	
\bigcirc 7. What transaction fee, if any you charge for web payments. Transaction fee can be a set amount or a % of the payment amount. Transaction Fee:					
🔿 8. Do you accep	t deposit payments (ex	ktra money they can pay into d	leposit)? YES	NO	
🔘 9. Do you accep	t partial payments (if a	a customer owes \$300 would y	ou accept \$100)? YES	s no	
○ 10. If you are going to accept ACH payments via webpay we need your authorization wording you would like to use, this is what the customer will agree to when paying by ACH. Example wording can be found here:					

http://www.rtopro.com/achsample.txt Email this info to sales@rtopro.com

11. If you are interested in a basic website including design, registration and hosting this is included FREE with this service. If you do not have a website now this is the best way to direct your customers to your payment portal. Check this box if interested and our designer will contact you to get started.

Service Agreement / A FutureWare Enterprises, Inc. DBA 1731 Old Mount Dora RD, Eustis, F	A RTO Pro Software	Today's Dat	FOWebpay.com Service
Phone Number: 352-383-9375			: 352-835-0682
E-mail Address: sales@rtopro.com			vw.RTOPro.com, www.RTOWebpay.com
	Custome	er Informat	
Business Name:		Owner/Offic	
Business Address:		Company FE Business Pho	
City St Zip:		ial Instituti	
	гпапс		
Financial Institution			Type of Account \Box Barrows I Charling \Box Barrows I Charling
Name of Institution: Bank Account#			Personal Checking Personal Savings
(or CC# for credit card):			Business Checking Credit Card
Bank Routing Number			• Exp Date if Credit Card:
	Schee	dule of Fees	
Setup Fee	Monthly Service Fee		Per Payment Fee
\$0.00	\$0.00		\$0.50
more days prior to any change to the affect debiting the payment. RETURNS : I authorize the state aut debit is returned unless the returned i resubmitted up to 3 (three) times with CANCELLATION : I understand the above or verbal notice to 352-383-93 TERMS OF SERVICE : I understant and by signing this agreement I admir found at the following web address: I DISCLAIMER: The information, graphics, and links, are provided on a Software disclaims all representation products, and materials, including bu PURPOSE, title, non-infringement, fip performance. You agree to indemnify against any claim, suit, action or othe agents, by a third party, to the extent representatives, suppliers and agents not limited to: (i) your use or someon where applicable; (iii) a violation of the applicable); (iv) a claim that any use any intellectual property right of any results in injury or damage to any this Service by you or someone using you inaccurate Sign Up Information, or b covenant or agreement to be perform	account and/or closing of the thorized fee or returned item fit tem was the result of an error hout further notice to me. nat I may cancel the electronic 375 fifteen (15) or more days p and that access to and use of the t that I have read and agree to http://www.rtopro.com/rtow , services, products, and mater an "AS IS" basis with no warras s and WARRANTIES, EXPR it not limited to WARRANTIES reedom from computer virus, y and hold harmless RTO Pro er proceeding brought against that such claim, suit, action or is based on or arises in conne- ne using your computer for use the terms and conditions of se of the Service by you or some third party; (v) any deletions, add ar computer (or account, wher- reach of representation or war ed by you under these terms a	account shown ee in the amou by the process c debit authoriz prior to the nex e RTOWebpay be bound by t rebpaytos.htm rials contained anty. To the m ESS OR IMPI ES OF MERCH and implied w Software and i RTO Pro Softw r other proceed ction with the e of the Service rvice by you o cone using you rsonality or pud ditions, insertic e applicable); ranty made by nd conditions	y.com Service is governed by the Terms of Service, he Terms of Service. The Terms of Service can be
in connection with or arising from an	y such claim, suit, action or p		butable to any such claim.
Customer Signature (Own	ier / Officer)		Date

Printed Name

Authorization Form

RTO Pro Software 1731 Old Mount Dora DR Eustis, FL 32726 Phone Number: 352-383-9375 Fax Number: 352-835-0682 Website: <u>www.rtopro.com</u> E-mail Address: <u>sales@rtopro.com</u>

Todays Date:

Customer Information	
Customer Name:	
	Company FEI
Name on Account/Card:	for business acct:
Address:	Phone:
City St Zip:	
Financial Institution Circle One (Bank - S&L - Credit Union) Type of Account
Name of Institution:	Personal Checking Personal Savings
Bank Account or CC#:	Business Checking Credit Card

Bank Routing Number

Payment Information

Please debit ongoing payments of \$ ______ from my checking/ savings account or credit card on or after
the ______ day of each MONTH until this agreement has been terminated .

First Payment Date _____

AUTHORIZATION

I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.

CHANGE OF INFORMATION: I agree to notify verbally to {phone} or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.

RETURNS: I authorize the state authorized fee or returned item fee in the amount of \$30.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.

CANCELLATION: I understand that I may cancel the electronic debit authorization by providing written notice to the address or phone # above fifteen (15) or more days prior to the next payment due date.

Signature

Date

• Exp Date if Credit Card:

Printed Name: