

Sign up checklist for the IVR Phone Pay 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 fo | ollowing info for each lo | cation that will par | rticipate in the IVR service. | | | | |
|--|---------------------------|----------------------|--|--|--|--|--|
| Company Name: | | | Dhama | | | | |
| Address: | | | Phone: | | | | |
| City, St, Zip: Email address for customer reference / Webpay paymer | | | Store # in RTO Pro: Company Website: otices: | | | | |
| Email address for billing | g 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 70 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. If you are accepting credit card payments, we need the merchant credentials form the RTO Pro integrated credit card processor. They typically email these 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. | | | | | | | |
| 5. Check the payment forms that you accept below. | | | | | | | |
| VISA | Mastercard | American Expres | ss Discover | | | | |
| 6. What transaction fee, if any do you want to charge for IVR payments. Transaction fee can be a set amount or a | | | | | | | |
| % of the payment amount. Transaction Fee: | | | | | | | |

Service Agreement / Authorization Form for RTOWebpay.com IVR Service

FutureWare Enterprises, Inc. DBA RTO Pro Software 1731 Old Mount Dora RD, Eustis, FL 32726

Customer Signature (Owner / Officer)

Printed Name

Fax Number: 352-835-0682

Today's Date:

Phone Number: 352-383-9375 E-mail Address: sales@rtopro.com

Website: www.RTOPro.com, www.RTOWebpay.com

Date

Customer Information

| | ustomer intormation | | | | |
|--|--|--|--|--|--|
| Business Name: | Owner/Officer Name: | | | | |
| Business Address: | Company FEI: | | | | |
| City St Zip: | Business Phone: | | | | |
|] | Financial Institution | | | | |
| Financial Institution | Type of Account | | | | |
| Name of Institution: | Personal Checking Personal Savings | | | | |
| Bank Account# | ☐ Business Checking ☐ Credit Card | | | | |
| (or CC# for credit card): | Č | | | | |
| 5 1 5 2 3 1 1 . | I • | | | | |
| Bank Routing Number | Exp Date if Credit Card: | | | | |
| | | | | | |
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| AU | UTHORIZATION | | | | |
| I authorize the electronic debit or debits to my account as | outlined in the above form. I understand the debit will be processed on the | | | | |
| | f the debit will be based on the number of online payments initiated | | | | |
| | evious month multiplied by the Per Payment Fee listed above. | | | | |
| | ally to 352-383-9375 or in writing to the above address fifteen (15) or more | | | | |
| | he account shown above and/or any change or situation that may affect | | | | |
| debiting the payment. | 1.4 6 .4 4 6027.00 4 1 11.4 16 | | | | |
| | ed item fee in the amount of \$25.00 to be debited from my account if a | | | | |
| resubmitted up to 3 (three) times without further notice to | an error by the processor. I authorize returned transactions to be | | | | |
| | lectronic debit authorization by providing written notice to the address | | | | |
| above or verbal notice to 800-351-6299 fifteen (15) or mo | | | | | |
| | use of the RTOWebpay.com Service is governed by the Terms of Service, | | | | |
| | agree to be bound by the Terms of Service. The Terms of Service can be | | | | |
| found at the following web address: http://www.rtopro.co | | | | | |
| - | nd materials contained in this Site, including, without limitation, text, | | | | |
| | no warranty. To the maximum extent permitted by law, RTO Pro | | | | |
| | S, EXPRESS OR IMPLIED, with respect to such information, services, | | | | |
| | RANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR | | | | |
| PURPOSE, title, non-infringement, freedom from compute | er virus, and implied warranties arising from course of dealing or course of | | | | |
| | TO Pro Software and its employees, representatives, agents and suppliers, | | | | |
| | against RTO Pro Software, its employees, representatives, suppliers and | | | | |
| | action or other proceeding brought against RTO Pro, its employees, | | | | |
| | in connection with the Service, or any links on the Service, including, but | | | | |
| | er for use of the Service; (ii) your use or someone using your account, | | | | |
| | ons of service by you or anyone using your computer (or account, where | | | | |
| | or someone using your computer (or account, where applicable) infringes | | | | |
| | that of personality or publicity, is libelous or defamatory, or otherwise | | | | |
| | tions, additions, insertions or alterations to, or any unauthorized use of, the int, where applicable); (vi) any misrepresentation, including false or | | | | |
| | on or warranty made by you contained herein; or (vii) any breach of any | | | | |
| | e terms and conditions of service. You agree to pay any and all costs, | | | | |
| | nable attorneys' fees and costs awarded against or otherwise incurred by or | | | | |
| in connection with or arising from any such claim, suit, act | | | | | |
| and the state of t | r r r r r r r r r r r r r r r r r r r | | | | |
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Authorization Form

RTO Pro Software 1731 Old Mount Dora DR

Eustis, FL 32726

Printed Name:

Phone Number: 352-383-9375 Fax Number: 352-835-0682 Website: www.rtopro.com

| Todays Date: | |
|--------------|--|
|--------------|--|

| E-mail Address: sales@rtopro.com | | |
|--|---|--|
| Customer Information | | |
| Customer Name: | | |
| | Company FEI for | |
| Name on Account/Card: | 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 | <u> </u> | Exp Date if Credit Card: |
| | | |
| Payment Information | | |
| ☐ Please debit ongoing payments of \$ from my the day of each MONTH until this agreement has | checking/ savings ac been terminated. | count or credit card on or after |
| First Payment Date | | |
| | | |
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| AUTHORIZATION | | |
| I authorize the electronic debit or debits to my account as outlined will continue until the total amount due plus any return fees are col also applicable to any new account information, payment amounts, purpose of completing my account. CHANGE OF INFORMATION: I agree to notify verbally to {prior to any change to the account and/or closing of the account she the payment. RETURNS: I authorize the state authorized fee or returned item for the state authorized fee or returned it | lected or until I revok and/or payment dates hone} or in writing to own above and/or any | the this authorization. This authorization is sprovided by me at some future time for the the above address fifteen (15) or more days change or situation that may affect debiting |
| is returned unless the returned item was the result of an error by the CANCELLATION : I understand that I may cancel the electronic phone # above fifteen (15) or more days prior to the next payment | e processor. debit authorization by | • |
| Signature | | Date |