

Please complete and return this application by **fax to 617-249-0850**.  
Or mail to: BetterCheck Applications, c/o yourfavorite.com, Box 230641, Boston, MA 02123.

Date: \_\_\_\_\_

## BetterCheck™ Account Billing Authorization / Responsible Party Form

**ALL FIELDS REQUIRED** – If you leave any fields blank, your application cannot be processed.

**Business Information:** Legal Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web-Site Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check One: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Type of Business (be specific): \_\_\_\_\_ Years in Business: \_\_\_\_\_

**Personal Information / Responsible Party:** **ALL FIELDS REQUIRED**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

### **Volume and Replenishment Price Plan:**

X : \$50 minimum replenishment level @50¢ per transaction.

**\$10 Monthly Minimum | \$19.99 Monthly Fee | Cancel Any-Time**

### **This is an authorization for: [check one]**

BetterCheck New Account [check here if you just placed your order]

BetterCheck Change of Responsible Party

BetterCheck New Credit Card Authorization

**Existing Username:** \_\_\_\_\_ **OR** **Order Number:** \_\_\_\_\_ **← ONE REQUIRED**

I authorize the following credit card to be used in association with this application  
and to be used for ongoing replenishment. [CIRCLE ONE] **MC | VI | AX**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**REQUIRED** Please be certain to include the following with your fax:

[items may need to be enlarged to be legible]

**1. LEGIBLE copy of the front AND back of your credit card listed above. Card must be signed.**

**2. LEGIBLE copy of a photo ID matching the name and matching the signature on the accompanying credit card.**

I attest that all information provided in this application is true to the best of my knowledge. I authorize **yourfavorite.com** to bill my credit card above as indicated, or the card entered into the BetterCheck terminal when I choose to replenish my balance, and I understand that all setup fees and funds added to the account are non-refundable under any circumstances. I authorize yourfavorite.com to verify my application by checking my credit report, and I understand that yourfavorite.com may report my account status to various credit bureaus. I understand that I am fully responsible for the security of my virtual terminal, my username, and my password, and I accept full responsibility for ALL transactions processed via my terminal or via direct link to my account. I agree to the full terms of service at the following URL <http://yourfavorite.com/about/tos.htm>, and I have taken the time to thoroughly read these terms of service and I agree with them. I also agree to the associated refund policy, abuse policy and privacy policy, and by signing and submitting this application, I warrant that I fully understand all of these agreements. I understand that incomplete applications, telephone assisted applications, or rejected applications that require reprocessing, or require AVS revalidation will incur a fee of \$5 per instance. This document must be the most current version available when it is submitted, or a new form must be received before it will be processed. This application is revision number is 3.91.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please be certain to sign both signature blanks on this form and print your name.