



WIRELESS | PHONECARDS | GIFTCARDS | CASHCARDS | BILLPAY

1103 E. Walton Avenue | Altoona, PA 16602

p: 814.941.8600 | f: 814.941.8514

1.800.440.7069 ambess.com

Thank you for your interest in PosiCash brought to you by Ambess Prepaid. To initiate the set-up process and to ensure faster processing, please take the time to review the attached documents and fill them out completely according to the instructions below.

- 1) Complete page 1 of the Prepaid Services Retailer Agreement
- 2) Attach a copy of a voided check and an enlarged copy of your driver's license

If delivered by e-mail, please send to: sales@ambess.com

If delivered by fax, please fax to: 1.814.941.8514

If delivered by mail, please mail to:

**Ambess Prepaid
Attn: PosiCash
1103 E. Walton Avenue
Altoona, PA 16602**

- FAXED DOCUMENTS MAY BE USED TO ESTABLISH YOUR ACCOUNT
- ORIGINAL DOCUMENTS REQUIRED FOR INITIATION OF SERVICE
- DO NOT MODIFY OR ALTER AGREEMENTS IN ANY WAY
- INCOMPLETE or ILLEGIBLE AGREEMENTS WILL NOT BE PROCESSED
- UPON APPROVAL, ACCOUNTS WILL BE SETUP WITHIN 48 HOURS



**AMBESS ENTERPRISES, INC.
PREPAID SERVICES
RETAILER AGREEMENT**

Ambess Enterprises Inc. 1103 East Walton Avenue, Altoona, PA 16602 • Phone (814) 941-8600 • Fax (814) 941-8514
www.ambess.com

Distributor:	Sales Rep:
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Corporate Information (Information filled in must pertain to business owner)

Name: (as it appears on Drivers License)	Drivers License Number:	State of Issue:	License Expiration Date:	Date of Birth:
Retailer Legal Business Name:		Federal Tax ID:	Social Security Number:	
Billing Address:		City:	State:	Zip:
Corporate Phone:	Fax:	Contact Person:	Cell Phone:	
E-Mail Address: (required for invoicing)		User Name:	Password: (required for Web Reporting, 8 to 10 Characters, using both upper & lower case letters and at least one number)	
E-Mail Address: (required for notifications)				

Location Information

Store Location Name (DBA):	Store Phone (prints on receipts):	Store Fax:
Store Location Address:	City:	State: Zip: Store Contact Person:

Retailer's Account will be debited on Monday, Wednesday and Friday –Daily if subscribed to Prepaid Credit/Debit program. Invoice is to be **Emailed**
Retailer's Account may also be debited the day a threshold amount of \$500 or more is owed to Ambess Enterprises, Inc. If multiple locations share the same Retail Account this threshold amount will be \$500 for each location sharing the Retailer Account up to a maximum threshold of \$5,000.

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF FEES

I, the undersigned Retailer, in the capacity set forth below, hereby authorizes Ambess Enterprises Inc., or its designee, successor or assignee (hereinafter "Ambess") to automatically withdraw my monthly fees for product and services under this Retailer Agreement and any amounts, including any and all taxes or other charges now due or hereinafter imposed, owed in conjunction with the above referenced Retailer Agreement (hereinafter "Agreement") by initiating debit entries to my account at the financial institution (hereinafter "Bank") evidenced on the check copy provided, or such other Bank that may be designated by me from time to time. In the event of default of my obligations hereunder, I authorize debit of my account for the full amount due under this Retailer Agreement. Any payment (whether paid by debit or other means) that is not honored by my Bank for any reason will be subject to a \$40.00 service charge imposed by Ambess, the amount of which may be debited from my account. Further, I authorize my Bank to accept and to charge any debit entries initiated by Ambess, to my account. This authorization is to remain in full force and effect until Ambess has received by certified mail, return receipt requested, to Ambess' address, from me, of its termination three (3) prior business days written notice. Retailer agrees to notify Ambess in writing of any change to the business checking account used for ACH debits at least five (5) business days prior to the next scheduled ACH debit. Ambess Enterprises, Inc. abides by the NACHA Rules governing these transactions. The below signatory, as the primary owner, officer, member or partner of the Retailer, shall obligate the Retailer formal entity (if applicable) and shall also serve as an absolute personal and continuing guaranty of the signing individual for all liability of Retailer hereunder. This guaranty binds the individual and his/her successors, assigns, estate, representatives and heirs.

MUST ATTACH PRE-PRINTED VOIDED BUSINESS CHECK AND AN ENLARGED COPY OF DRIVERS LICENSE ON SEPARATE PAGE

Your signature acknowledges that you are authorized to execute this Agreement and have read and understand all information contained herein, the terms and conditions on the reverse side of this Agreement, and any addenda, amendments and/or attachments, all of which are part of this Agreement.

Signature of Owner _____ Date _____ Print Name _____ Title _____

SEE EXHIBIT B FOR PRODUCTS, SERVICES AND FEES WHICH ARE PART OF THIS AGREEMENT