



If you have any problems or questions when filling out this form, please call us at 1.800.929.0228 or e-mail info@atmnetwork.net

10749 Bren Rd. E.
Minnetonka, MN 55343
1-800-929-0228
Fax: 877.928.6638

A1

Customer ID

O.S.O. AGREEMENT FOR ATM PURCHASE, LEASE OR PROCESSING

1. BUSINESS INFORMATION

OSO business type (check one)

Proprietorship Corp. S-Corp. Partnership Nonprofit

Business name

Federal Tax ID # (9 digits)

□ □ □ □ □ □ □ □ □

Incorporation date

SIC code

OSO street address (cannot be a P.O. box)

Ship ATM here

Mail statements here

City

State

ZIP code

Phone

Fax

Site name

Site street address (cannot be a P.O. box)

Ship ATM here

Mail statements here

City

State

ZIP code

Site contact

Site contact e-mail

2. OWNERSHIP INFORMATION

OSO Owner

Are you a U.S. citizen? Yes No

Title

Social Security #

Residence street address

Rent Own

Date of birth

City

State

ZIP code

Phone

Ship ATM here

Mail statements here

Site owner

Are you a U.S. citizen? Yes No

Title

Social Security #

Residence street address

Rent Own

Date of birth

City

State

ZIP code

Phone

Fax

3. BUSINESS HOURS

	Open	Close
MONDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
TUESDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
WEDNESDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
THURSDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
FRIDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
SATURDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
SUNDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		

4. ATM HOURS

Check if same as business hours

	Open	Close
MONDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
TUESDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
WEDNESDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
THURSDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
FRIDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
SATURDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		
SUNDAY <input type="checkbox"/> Closed <input type="checkbox"/> Open 24 hours		

5. ATM OPERATION

Terminal location

Inside Outside

Building type

Public Private
 Mobile Government

Restricted access?

Yes No

Dedicated camera?

Yes No

Expected monthly withdrawal amount

Expected no. of monthly transactions



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SITE OWNER AUTOMATED CLEARING HOUSE (ACH) SETTLEMENT DATA

This section describes the bank account that the SITE OWNER wants to use for ACH services. If the site owner won't be using ACH, skip this section. OSO settlement data should appear on the OSO Settlement form. ACH refers to the electronic transfer of funds between bank accounts. This section provides ATM Network with the information needed to deposit your money into the proper accounts, and gives you the option to use ACH to pay for receipt paper, service calls and parts.

6a. DAILY

This section provides information about the bank account the SITE OWNER will use for daily ACH services. Each day, we'll deposit an amount equal to the amount of cash withdrawn the day before.

Besides filling out this section, the SITE OWNER MUST PROVIDE a VOIDED CHECK or LETTER FROM YOUR BANK, as explained below.

Corporate name/DBA name

Account type

- Business checking Savings
- Personal checking General Ledger

Name on the account

Routing transit number

Account number

Bank name

Bank phone

Attach a VOIDED check, or a letter from your bank stating the customer's name, routing/transit number and account number.

6b. MONTHLY Same as daily

This section provides information about the bank account where the SITE OWNER will receive their surcharge income. Each month, we'll deposit their share of surcharge revenue for the previous month.

If the SITE OWNER wants to use the same account for both daily and monthly deposits, just check the "Same as daily" box above and leave this section blank.

Corporate name/DBA name

Account type

- Business checking Savings
- Personal checking General Ledger

Name on the account

Routing transit number

Account number

Bank name

Bank phone

Attach a VOIDED check, or a letter from your bank stating the customer's name, routing/transit number and account number.

6c. PAYMENTS Same as daily Same as monthly

This section provides information about the bank account that the SITE OWNER will use for ACH withdrawals. It's the account we'll draw from for specific authorized charges, such as receipt paper or repairs.

If the SITE OWNER want to use the same account used for either daily or monthly deposits, just check the appropriate box above, indicate the service(s) they authorize payment for, and leave the rest of this section blank.

Payment authorized for (check all that apply):

- Paper Parts and service

Corporate name/DBA name

Account type

- Business checking Savings
- Personal checking General Ledger

Name on the account

Routing transit number

Account number

Bank name

Bank phone

Attach a VOIDED check, or a letter from your bank stating the customer's name, routing/transit number and account number.

6d. WITHDRAWAL AUTHORIZATION (needed only if section 6c filled out)

Customer authorizes ATM Network to initiate ACH transfer entries and to debit and/or credit the account identified herein for all costs and applicable taxes associated with ATM Network providing customer with the indicated services. Customer agrees to keep account funded to the extent needed to reasonably support transaction amounts posted by ATM Network. In the event that an ACH is returned unpaid to ATM Network, Customer agrees to pay a returned ACH fee of \$35.00 per returned item. All shortages and adjustments are the full responsibility of the Customer. The undersigned represents and warrants to ATM Network that the person executing the Authorization is an authorized signatory on the Account referenced herein and all information regarding the Account and the Account Holder is true and correct.

Signature	Printed name	Title	Date
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O.S.O. AGREEMENT FOR ATM PURCHASE, LEASE OR PROCESSING — Page 3

7. MACHINE INFORMATION

Manufacturer	Model	No. ordered
Software	Surcharge amount	
LCD	Revenue split (% or \$)	
Lock	OSO: _____	
CDU	Location: _____	
TCP/IP		
EPP setup	EPP monthly	
\$9.49	\$7.49	

8. LEASE INFORMATION

Est. monthly payment	First and last month's payment, plus tax
Lease buyout price	
Lease length (months)	
Type of lease	
	Document fee
	TOTAL DOWN PAYMENT

9. PURCHASE INFORMATION

Amount paid by check	Purchase price
Amount paid by credit card	Sales tax (if applicable)
Card type	Other charges
<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> M/C <input type="checkbox"/> Amex	TOTAL PRICE
Card number	
Expiration	Charge date
	Card address:
	<input type="checkbox"/> Business location <input type="checkbox"/> Business mailing <input type="checkbox"/> Principal #1 residence

10. CASH-LOADING DATA

This section gives information on cash handling, to help prevent fraud and so we know who to call if there's a problem with keeping the machine supplied with cash.

If you're not sure which box to check, check "ATM operator."

Funding method (who is responsible for keeping the machine loaded with cash?)

- ATM operator ISO Merchant
 Bank/ISO Bank/processor Third party

Name of person who is loading cash

ATM owner

ATM owner contact phone no.

Source of loads

- ATM operator Merchant Armored car
 ISO Third party

Expected frequency of loads

- Daily Weekly Monthly
 Twice weekly Every two weeks

By signing below, each undersigned individual, who is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Lender of its Assignee and certifies that all information provided is true and correct, and authorizes Lender or its assignee(s) to verify any credit information from whatever source it deems necessary and further authorizes Lender or its assignee(s) to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted including but not limited to any credit reporting agency to release credit and financial information requested by telephone or facsimile. The undersigned further understands that any information obtained now or from time to time will be treated confidentially and will only be used for securing financing or for the purposes of updating, renewing, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be as valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. If credit card information is supplied, the signature below authorizes ATM Network, Inc. to charge the ATM purchase to purchaser's credit card, or to charge any Monthly Access fee due to ATM Network, Inc. to the credit card specified above.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

X _____ **X** _____
Principal #1 signature Date National Account Manager Date

X _____ **X** _____
Principal #2 signature Date Dealer/OSO Date



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A4

Customer ID

OFF-SITE OWNER SETTLEMENT FORM

OSO SETTLEMENT DATA

This form describes the bank account that the **OFF-SITE OWNER** wants to use for ACH services. Besides filling out this section, you must provide a **VOIDED CHECK** or **LETTER FROM THE OSO'S BANK**, as explained below.

Account owner

Account type

Business checking Savings Personal checking General Ledger

Name on the account

Routing transit number

Account number

Bank name

Bank phone

You **must** attach a **VOIDED check**, or a **letter from your bank** stating the customer's name, routing/transit number and account number.