



FAX COVER SHEET

Date: _____

No. of Pages: _____ incl. cover



YES, I would like to be an agent for CheckFreePay. Please process my attached required documents.

Fax To: Boss Revolution
Name: Processing Group
Fax #: (973) 438-1144

Name: _____
 Phone: _____
 Fax: _____

RVP Login:
RVP Email:
RSM Email:
RAM Name:
RAM Email:
RAM Login:

Retailer Name:
Boss Revolution Account #:
Retailer Phone Number:
Retailer Email Address:

I (Agent) am returning the following: (Check items completed and returned)

1. _____ CheckFreePay Authorization for Credit Information (3 pages)
2. _____ Business Registration documents (see top of page 2 of Credit Info form)
3. _____ Preprinted Voided Check or Bank Letter stating Account Name, ABA Number and Account Number. Account title should be "Your Company" FBO CheckFreePay Corporation.
4. _____ Copy of Driver's License of Signer(s) (enlarged and lightened as much as possible)
5. _____ Signature Pages for Master Agent Appointment Agreement for Payment Services (pages 1,4 & 6) and Exhibit B – Terms and Conditions for CheckFreePay Link (API)-Bill Payment (page 5)
6. _____ Commission Schedule (Attachment B-1) (Page 6)
7. _____ W-9 (signature required in middle of page)
8. _____ Utility bill for each location
9. _____ Exhibit A
10. _____ Business License if sole proprietor or partnership.
11. _____ FinCen Registration (form 107) and State License/Permit (**Only for Check Cashing Agents**)