



Authorized Agent Packet

Owner (s) Information

Owner First Name: _____ **Last Name:** _____

SSN: _____ **DOB:** _____

Owner First Name: _____ **Last Name:** _____

SSN: _____ **DOB:** _____

Owner First Name: _____ **Last Name:** _____

SSN: _____ **DOB:** _____

Owner First Name: _____ **Last Name:** _____

SSN: _____ **DOB:** _____

Have any of the above been convicted of a crime? If yes, please explain.

YES NO

Are any of the above currently subject to a non-competition agreement, or any restrictions or limitations that would interfere with their ability to perform as an Authorized Agent?

Proposed Authorized Agent hereby authorizes YourTel America, Inc. to obtain a credit report and to verify other information provided in order to consider this application. Proposed Authorized Agent also warrants that the information above is true, and that he/she is not prevented from entering into Authorized Agent agreement with YourTel America, Inc. by and legal or other restrictions.

Proposed Authorized Agent's Signature: _____ Date: _____



Authorized Agent Packet

ACH Authorization

Full Legal Name: (include d/b/a)

Date:

Bank/Financial Institution Name

Branch Name

Bank Routing Number

Account Number

Bank Contact

Bank Contact Phone

Bank Contact Fax

Merchant Contact

Merchant Contact Phone

Merchant Contact Fax

Merchant identified above hereby authorizes YourTel America, Inc., A Missouri Corporation ("YourTel") to initiate debit entries to Merchant's bank account, as identified below, by ACH for amounts due in connection with Merchant's accounts with YourTel. It is Merchant's responsibility to ensure that the account contains sufficient funds to pay any amounts owed to YourTel by Merchant. YourTel shall have no liability for non-sufficient funds fees that may be assessed by Merchant's bank. Merchant agrees that YourTel may assess a NSF fee of \$20 against Merchant in the event that an ACH debit under this authorization is rejected.

The parties hereto acknowledge that the origination of ACH transactions to the designated account must comply with applicable law. Merchant hereby represents and warrants that it has the authority to agree to such transactions and that the designated account indicated above is a valid and legitimate account for handling ACH transaction. This authorization is for payment of fees or any other sums owed by Merchant to ERI. Merchant also represents and warrants that the appropriate authorizations are in place to allow merchant to authorize this method of payment. Merchant further agrees that its electronic or facsimile signature of this authorization shall have the same effect as an original signature.

This authorization shall remain in effect until ERI has received fourteen (14) days' written notification from the Merchant of any termination of this authorization.

Attach Voided Check Here

Full Legal Name: (include d/b/a)

Date:

Signature

Printed Name

Title



Authorized Agent Packet

Checklist

- Completed Packet
- Corporation Annual Report
- W-9
- Sales Tax Permit – all locations



Authorized Agent Packet

Branch Locations (attach additional pages if necessary)

Location Address: _____

Contact First Name: _____ **Last Name:** _____

Phone#: _____ **Fax#:** _____

Email Address: _____

Location Hours: _____

.....

Location Address: _____

Contact First Name: _____ **Last Name:** _____

Phone#: _____ **Fax#:** _____

Email Address: _____

.....

Location Hours: _____

Location Address: _____

Contact First Name: _____ **Last Name:** _____

Phone#: _____ **Fax#:** _____

Email Address: _____

Location Hours: _____

.....

Location Address: _____

Contact First Name: _____ **Last Name:** _____

Phone#: _____ **Fax#:** _____

Email Address: _____

Location Hours: _____



Authorized Agent Packet

Send completed application to:

Fax: 816-388-1044
Attn: Marty/Agent Manager

Or

Scan and email legible document(s) to:
agentmgr@yourtel.com

Or

Snail mail:

YourTel America, Inc.
PO Box 270017
Kansas City, MO 64127
Attn: Agent Manager