



TRANSACTION FORM & CONTRACT

Tran-ID: _____

Office Use
← only ↓

CLIENT - CARDHOLDER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Mobile Telephone: _____

Other Telephone: _____

- VISA
- MasterCard

Account Number: _____

Expiration Date: _____

3- or 4-digit CVC/CCID Number (from card back):



Approval Code (Agent provided): _____

Transaction Amount: \$ _____

CHECK ONE:

- Professional Services
- Personal Services
- Business Services
- Consulting Services
- Other:

Transaction Amount, spelled: _____ and _____ 100ths DOLLARS

Transaction Additional Description (optional): _____

This transaction will appear on Client Bankcard Statement as (completed by CPS Agent): _____

CLIENT NOTIFICATION:

CPS Agent to notify Client of funds availability within _____ hour(s) business day(s) of posting of funds to Agency disbursement account.

DELIVERY METHOD:

With regard to an Agency check made payable to the Client in the amount of "Net Transaction", it is the election of the Client to (check just one only):

PERSONAL RETRIEVAL:

- Retrieve check from Agent's office located at: _____
- Retrieve check from Agent at (location): _____
Name of authorized retriever if different than Client/Cardholder: _____

CPS AGENT DELIVERY:

- Agent to deliver check to Client at above address
- Agent to deliver check to Client at (location): _____

SHIP TO CLIENT: via Carrier + Terms: _____

- Agency to ship check to Client at above address
- Agency to ship check to Client at (location): _____

Last Name: _____

First Name: _____

Date: _____

Last four digits: _____

Gross Amount: \$ _____



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BEFORE CONTACTING US ...

- Please consult the most recent account statement received from your card-issuing bank or look at your available balance online or contact your card-issuing bank to ensure your card has sufficient credit available to enable the amount of your intended transaction.
- CAUTION!:** Know and understand that bankcard policies may mandate that attempts to process a transaction larger than the amount of credit available may result in the card being surrendered, confiscated, disabled, or inactivated.
- Even if you are unable or elect not to complete the transaction, your card will be billed for expenses incurred in attempting to process your transaction.
- Prepare** for meeting us; please be sure to bring your bank card + **two copies each of:**
 - Bank Card Front
 - Bank Card Rear
 - Current valid Gov't-issued photo-ID
 - This form, fully completed

CARDHOLDER TRANSACTION CERTIFICATION

As signer of this transaction, I hereby certify that ...

(To validate this transaction, Cardholder must personally initial the end of each line)

- I am the named issuant of the cardholder-name embossed on this card. _____
- I fully understand and willingly accept all terms, conditions, fees & charges here stated and willfully enter into this transaction. _____
- I understand that this transaction is specifically contingent on my explicit waiver of all rights of recourse against Colorado Professional Services - including right of refund and/or right of account credit - and agree to not contest the transaction with either CPS, my card-issuing bank, or the North American Bank Card Association. **I hereby specifically waive those rights.** _____
- Except for rights to contest or right to refund or credit herein specifically waived, I agree to abide by all terms & conditions currently in-effect between myself and my card-issuing bank. _____
- Signer hereby attests the signature below to be their own signature as appears on the subject bank card. _____
- Should this transaction not process, Signer agrees that Colorado Professional Services is allowed to charge the subject card the "Attempted Processing Charge" as itemized on Page 3. _____

Transaction Notations:

Signature: _____

Date: _____



Client Referral:

regional magazine local newspaper local ad-weekly

friend: _____ check-cashing company payday-advance company

online: _____ relative: _____

other: _____



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