



## New Merchant Dealer Setup

AFter FILLING OUT THIS APPLICATION AND ATTACHING REQUIRED DOCUMENTS  
FAX THIS COVER SHEET & CUSTOMER AGREEMENT TO 1-800-895-1793  
OR  
EMAIL TO [SETUP@WIRELESSRETAILGROUP.COM](mailto:SETUP@WIRELESSRETAILGROUP.COM)

- 1) Completely fill out the Customer Agreement, Schedule A, Schedule B & use the NOTE box on Schedule A for any special instructions.
- 2) Confirm signatures on 3 pages – the Customer Agreement, Schedules A & B.
- 3) FAX the following items to (800) 895-1793 or email to [setup@wirelessretailgroup.com](mailto:setup@wirelessretailgroup.com)
  - ✓ Customer Agreement, Schedules A & B
  - ✓ Copy of voided customer check (with the company name printed on the check)
  - ✓ Copy (Legible) of driver's license OR Photo ID
  - ✓ Business Certificate from State or Sales & Use Tax Certificate from State
  - ✓ The "Financial Institution/Bank Verification" page must be filled out by your bank and faxed to us in order for us to provide a credit limit for your transactions

**\*We appreciate your understanding in getting us all the required information and supporting documents. This process helps us to confirm your business' identity and is for the safety of your identity and security.\***

If you have any questions or need any assistance with this application please contact us by sending an email to [setup@wirelessretailgroup.com](mailto:setup@wirelessretailgroup.com) or by phone at (800) 580-7930





**CUSTOMER AGREEMENT**

This Customer Agreement (“Agreement”) by and between Wireless Retail Group/Magic Pins, LLC (“MAGICPINS”) located at 206 Terminal Drive, Plainview, NY 11803 and \_\_\_\_\_ (Inc., LLC, etc.) (“Customer”), located at \_\_\_\_\_ is entered into on this date \_\_\_\_\_ (“Effective Date”).

- 1. This Agreement shall have a term of 24 months from the Effective Date. Either party may terminate the Agreement upon providing 30 days’ written notice to the other party by certified mail, return receipt requested, at the above addresses.
- 2. MAGICPINS shall provide access over the internet to Customer that shall enable Customer to distribute PINs for various prepaid services utilizing the systems and software operated by MAGICPINS. Customer shall pay MAGICPINS the fees and charges specified in “Schedule A” of this Agreement. Customer understands and agrees that MAGICPINS reserves the right to change the commissions specified in “Schedule A” upon providing 3 days’ notice to Customer by mail, email or fax. Customer understands and agrees that the PINs purchased by Customer for various prepaid services are subject to the individual terms and conditions of each carrier or provider of such services and that MAGICPINS bears no responsibility for the performance of such carriers or providers of prepaid services.
- 3. During the term of this Agreement, Customer shall be responsible for any misuse, loss or theft due to improper use of the internet access. In the event the internet access to MAGICPINS is misused, which determination shall be made solely by MAGICPINS, Customer shall pay MAGICPINS the stated value of the purchases upon demand. In the event of termination of this Agreement by either party, Customer shall cease the use of the internet access to make any purchases on MAGICPINS and shall clear their dues within five (5) business days.
- 4. Customer warrants that the Customer information specified on “Schedule B” (“Customer Set-Up Form”) is true and correct. Customer authorizes MAGICPINS to verify the same, by, but not limited to, obtaining a credit report on Customer and the Guarantor. MAGICPINS shall use such information solely to evaluate the Customer’s acceptability to receive the MAGICPINS terminal and to utilize MAGICPINS systems and software. MAGICPINS shall hold such information in confidence. In the event MAGICPINS is unable to obtain, in its sole judgment, a satisfactory rating for Customer and the Guarantor, a deposit shall be required.
- 5. The undersigned Guarantor unconditionally personally guarantees to MAGICPINS the payment, when due, of all obligations to MAGICPINS under this Agreement. Failure to make any payment when due is a breach of Customer’s obligations and shall result in the immediate termination of this Agreement by MAGICPINS without prior written notification to Customer or Guarantor. In the event of such breach, all monies owed MAGICPINS under this Agreement become immediately due and payable by Customer and/or Guarantor.
- 6. Customer authorizes MAGICPINS to directly deduct via ACH (“Automated Clearing House”) transaction from Customer’s bank account (“Account”) all amounts due to MAGICPINS for the sale of MAGICPINS PINs and any other charges specified in “Schedule A,” including, but not limited to, phones, ring tones, wallpaper, and games, without respect to the source of any funds in the Account. Customer shall be bound by the terms of the operating rules of the Automated Clearing House Association (“Association”), as in effect from time to time, and authorizes MAGICPINS to initiate ACH credit and debit entries and adjustments to the Account. Customer understands and agrees that MAGICPINS shall initiate ACH transactions to Customer’s Account as frequently as once each business day for all monies due MAGICPINS, unless otherwise agreed to. MAGICPINS shall not be liable for errors in Account entries caused by Customer’s bank or the Association. Customer shall be solely liable for all fees and costs associated with Customer’s Account. Customer agrees to pay MAGICPINS all financial institution fees including non-sufficient funds fees and a \$ 20.00 MAGICPINS fee for any ACH debt not paid by the Customer’s bank upon presentation. In the event Customer does not pay, when due, monies owed to MAGICPINS, Customer shall be charged and agrees to pay all costs of collection, including all attorneys’ fees and court costs resulting from such failure to pay.
- 7. This Agreement, which includes both Schedule A and Schedule B, and Personal Guaranty, and all rights, obligations, and liabilities arising hereunder shall be governed by the laws of the State of New York, and Customer agrees to jurisdiction and venue in a court located in Nassau County, New York, or such other proper court selected by MAGICPINS in the State of New York.

The undersigned Customer and authorized representative of MAGICPINS have executed this Agreement, which includes both Schedule A and Schedule B, which shall be effective on the date first referenced herein.

Customer: \_\_\_\_\_

Magic Pins, LLC

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

EIN #: \_\_\_\_\_

Personally Guaranteed By: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

SS #: \_\_\_\_\_



**SCHEDULE A**

This Schedule A is attached to and is an integral part of the Customer Agreement between WIRELESS RETAIL GROUP/MAGICPINS and Customer.

PINs

The amount to be charged to Customer for PINs/TOPUPS delivered by WIRELESS RETAIL GROUP MAGICPINS through its internet access and collected by means of an ACH transaction shall be the full retail value of the PIN less the commission for each type of PIN. The commission rates to Customer are:

AIRVOICE	10%	STI MOBILE	12%
AT&T	17%	OMNI	15%
BOOST PINS	4%	OMOBILE	10%
BOOST RTR	7%	ALLTEL	12%
CALLPLUS	17%	LOCUS	12%
T-MOBILE	13%	VIRGIN MOBILE	7%
T-MOBILE RTR	14%	CRICKET	10%
VERIZON	9%	PLATINUM TEL	9%
TRACPHONE	11.5%	LOCUS PLATNIUM	12%
PAGE PLUS	12%	OXYGEN	12%
TUYO	12%	BRAVO MOBILE	9%
XTREME MOBILE	8%	NET 10	12%
MOVIDA	8%	TELCEL	5%

**Other fees & costs**

Set-up fee (one time)	<b>\$400 WAIVED</b>
Non-sufficient funds	\$ 20.00 NSF fee PLUS actual bank charges
Transaction/connect fee	WAIVED

Customer \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>S p e c i a l   N o t e s</b></p> <p><b>Please use this box if you have any special notes you wish to notify us about your account:</b></p> <hr/> <hr/>
---



**SCHEDULE B  
CUSTOMER SET-UP FORM**

This Schedule B is attached to and is an integral part of the Customer Agreement between WIRELESS RETAIL GROUP /MAGICPINS and Customer.

Customer Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

DBA or Merchant Name \_\_\_\_\_

Merchant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Merchant Phone \_\_\_\_\_ Merchant Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name (if different from Customer) \_\_\_\_\_

Customer Wireless # \_\_\_\_\_

**Please Provide Two (2) Trade References Below**

Company Name:	Company Name:
Account #:	Account #:
Contact Name:	Contact Name:
Phone #: Fax #:	Phone #: Fax #:
Address:	Address:
City: State: Zip:	City: State: Zip:

**Banking Information**

Bank Name \_\_\_\_\_

Name of Bank Account \_\_\_\_\_

**(Note: Account name must match Customer Name or Merchant Name)**

Bank Account Number \_\_\_\_\_ Branch Contact Number \_\_\_\_\_

Bank ABA Number \_\_\_\_\_ Contact Person \_\_\_\_\_

**NOTE: A VOIDED CHECK (or a clear photocopy) FOR THE CUSTOMER'S ACCOUNT MUST BE ATTACHED. The Customer Set-Up Form will not be processed without a voided check. The purpose of this requirement is to be precise and accurate in establishing the Customer's banking information. A copy of the Customer's valid driver's license and a Sales Tax Certificate must also be attached.**

Customer agrees that it is purchasing MAGICPINS product for resale to end-user customers of prepaid services that Customer is wholly responsible for any and all sales tax obligations on all products purchased from MAGICPINS.

Customer warrants that the Customer information specified on this Schedule B is true and correct and authorizes MAGICPINS to verify the same, by, but not limited to, obtaining a credit report on Customer and/or Customer's business. Customer authorizes MAGICPINS to directly deduct via ACH transactions from Customer's bank Account all amounts due to MAGICPINS for the sale of MAGICPINS PINs and Customer's purchase of phones and any other charges specified in Schedule A.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL INSTITUTION/BANK VERIFICATION**

**This page must be filled out by your bank directly and faxed to us.**

Customer \_\_\_\_\_ has requested a credit line with our company and has listed you as their Financial Institution. The customer has given authorization for us to obtain the information on their account activity. Please provide the information below so we are able to establish a credit line and fax this form to our Accounting Department directly from the branch.

**FOR FINANCIAL INSTITUTION / BANK USE ONLY**

Customer Since: \_\_\_\_/\_\_\_\_/\_\_\_\_ Account Number \_\_\_\_\_

Average Balance: \$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_

Type of Account:  Checking  Savings  Combined Account

Number of NSF incidents over the Last 12 months: \_\_\_\_\_

Line of Credit:  Yes  No If "Yes" is it secured:  Yes  No

Credit Amount: \$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_

Information above provided by: \_\_\_\_\_

Date: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email (if available) : \_\_\_\_\_

*All the information supplied above is for the internal use of Wireless Retail Group/Magic Pins only and shall be kept strictly confidential. Your prompt reply is greatly appreciated.*

**Please fax completed form to (800) 895-1793**

**If you have any questions please contact us at (800) 580-7930**