

MOP FORM

This is the Method of Payment Form

Please note for the record the following:

Date: _____

When on an Application using a Check for the MOP
this is used and then becomes page 3 of the Applications

Requesting the enclosed check is to be used for the: Primary Method Secondary Method

This MOP is for: _____

Please Place Name and or Phone and or SS# on the line above

The Bank Name is: _____

Please Place the Full Name of The Bank on the line above

Routing #: _____

Please Place the Routing Number on the line above (The First Series of Numbers Found on the Check)

Account #: _____

Please Place the Account Number on the line above (The Second Series of Numbers Found on the Check - NOT including the Check #)

Attached Below is the Check:

Be sure the:

Information on the application/s matches the check.

Information above is on and matches the check.

Voided Check is Taped Here

And Fax this page with the app/s

PLEASE CHECK ALL THAT APPLY:

Faxed with this Account are the following:

The MOP: _____ Customer Agreement: _____ Marketing Executive Agreement: _____

Again for the record the **Total number of pagers faxed**, including this page: _____

APPLICATION COVER FAX FORM

This is the Cover Letter Fax Form used when Faxing in Applications

Please note for the record the following:

Date: _____

This is the Cover Sheet used when faxing in Applications:
 This is a Check and Balance Record for You and the Company as to the Customer Agreements / Marketing Executive Agreements / MOP / Pages you are sending and they can expect to see.

When using the Fax Viewer:
 This is a Record of Assurance as to what you have or have not done. Should there be any errors, a need for corrections, any re-faxing due to the number of pages not received this will assure you are not charged for things out of your control if clearly communicated.

Name or Account #: _____ **From Fax #:** _____

Enclosed you will find the following: ***Total Number of Pages Faxed:** _____ *

For: CA=Customer Agreement ME=Mkt. Exc. Agreement MOP=Method of Payment
Name / Number – and the following documents: – CA – ME – MOP – Extra Pgs

1. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
2. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
3. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
4. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
5. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
6. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
7. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs
8. _____
 Print the Name or Phone or SS# on the line above – CA – ME – MOP – Extra Pgs

*Check and Tally the Total Number of Pages: = _____

Total Customer Agreements: _____ * Add together and to get the total plus

Total Marketing Executive Agreements: _____ this Cover Page and carry the Grand

Total MOP: _____ Extra Page/s: _____ Total to the Top of the Page: _____ *

Extra \$\$\$ for: \$ a month = 200.00

4 a month = 100.00