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<b>GDS-Global Dynamic Services LLC</b>			<b>GDS-Viethelp Group</b>
			<b>Mailing Address</b>
7560 Fawn Lake Dr. South			13400 Taylor Ct
Jacksonville, Florida 32256			Fort Washington, MD 20744
Tel: 1-888-389-7240			Tel: 1-888-389-7240
Fax: 1-888-232-3605			Fax: 1-888-232-3605
<b>CANCELLATION REIMBURSEMENT AGREEMENT</b>			
Merchant Legal Name		Merchant DBA Name	
Billing Address:		City	State      Zip Code
Contact Name		Business Phone:	
<u>Documents Required from Merchant</u>		<u>Amount Reimbursement Requested:</u>	
		\$ _____	
1. Bank statement or previous merchant's statement is showing the cancellation fee		GDS-Global Dynamic Services LLC will be reimbursed to the merchant up to <b>\$300.00 (max)</b> to help only the previous processor cancellation fee. When merchant requested and accepted the amount above which up to <b>\$300.00 maximum</b> , the merchant had agreed with policy and obligations below:	
2. Merchant's Signature Cancellation Reimbursement Agreement			
<b>DEBIT/CREDIT AUTHORIZATION and Obligation and Policy of Cancellation Reimbursement</b>			
<p>I hereby authorize GDS-Global Dynamic Services LLC (hereinafter "Company") to deposit the amount reimbursement above by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated. When the amount requested above is reimbursed into my account, I agreed that I remain with the payment processor(First American Payment System) within 2 years minimum from the date signed below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account or if I had decided to cancel or stop the payment processor with First American Payment System within 2 years from the date I signed below. I authorize Company (GDS) to debit my account for an amount not to exceed the original amount of the erroneous or reimbursement credited into my account. By signing below, each guarantor hereby agrees: (i) to have read and accepted all terms and conditions of this agreement contained herein.</p>			
X _____		Date: _____	
Merchant Signature		TITTLE :	
Owner Name (First and Last):		SS#            -            -	
Sale Rep Name:		Sale Rep Signature:	
<b>Attached the Voided Check for GDS to Deposit</b>			