

## Request for Cash Advance from TMS

**All fields are required!** Requests with missing or illegible data cannot be processed.  
*Note: Accounts with outstanding advances may not be eligible for additional advances.*

Today's Date: \_\_\_\_\_

TMS Account # \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Name: (please print!) \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Contact Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Amount of Postage Requested: \$ \_\_\_\_\_

Electronic Delivery Charge: (\$30 per \$1000) \$ \_\_\_\_\_  
*The Electronic Delivery Charge is \$30 per \$1000, or any portion thereof.*

Total Amount to be repaid by check/wire: \$ \_\_\_\_\_  
*(Note: Forms with incorrect totals cannot be processed)*

Check Number Issued: \_\_\_\_\_ Amount of Check/Wire: \$ \_\_\_\_\_

The undersigned, as an authorized representative of the company listed above (the "Company"), hereby authorizes Hasler, Inc. ("Hasler") to advance the Amount of Postage Requested set forth above to the Company and to withdraw the Electronic Delivery Charge set forth above from the Company's postage deposit. The Company understands that the Electronic Delivery Charge is payment for processing and delivering the cash advance to the Company's postage account and will not be available for the Company's use as postage. The Company further understands that the cash advance is to be used solely to enable the Company to purchase postage credit under its TMS postage account, and the Company agrees to repay the Advance Amount listed below within five business days of the date hereof.

The undersigned further acknowledges on behalf of the Company that in the event the Advance Amount is not repaid within five business days, (I) the company agrees to pay interest on the unpaid balance of the advance and any other amounts due in connection with such advance from the date due or incurred until the date of payment at a rate equal to the lesser of (a) 18% per annum or (b) the maximum rate then allowable by law, and (II) the Company agrees to pay all expenses of Hasler (including, but not limited to, all reasonable legal fees) incurred by Hasler in connection with its collection of any sums due hereunder. Hasler also reserves the right to exercise any and all other legal and equitable remedies available to it in the event of the Company's failure to pay any sums payable hereunder when due.

Authorized Signature: X \_\_\_\_\_ Authorized Signature: X \_\_\_\_\_

**Two different signatures or a copy of a check required when amount exceeds \$2,000.00.**

Please allow 60 minutes for the funds to be available to your account.

**Fax this completed form to Hasler at (800) 237-0692.**

Hasler Use Only: CO# \_\_\_\_\_

Processed by: \_\_\_\_\_