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Now offering monthly ACH payments!



**New release is PCI compliant and includes
 *new mandates regulated by MasterCard.
 Don't let your service get interrupted!**

MicroBiz 13.5 is here!

Upgrade today! MicroBiz 13.5 has been released and has exciting new features!

At CAM we strive to offer our customers the most advanced and easy-to-use system available on the market. We are working hard to incorporate new ideas into MicroBiz that will allow you, our user, to run your business as efficiently as possible.

- Some of the new features include:**
- ✓ NiceLabel integration for barcode label printing
 - ✓ Receipt History gives you the ability to reprint old Purchase Orders
 - ✓ X-Charge XpressLink integration
 - ✓ PDF attachments now used on emailed invoices
 - ✓ Ingenico PIN pad and Signature Capture devices
 - ✓ Ability to manage new tax rules in NY State

CAM is pleased to offer our customers a new service-- the Direct Payment Plan. Now you can have your payments deducted automatically from your checking or savings account monthly. It's easy, secure, and you won't have to change your present banking relationship to utilize this service.

*MasterCard and Discover are requiring that merchants support the following three transaction types for debit, prepaid and gift cards by a June 30, 2011 deadline:

- 1) *Partial Approval (or Partial Authorization)* — Merchants are required to partially approve a transaction if a cardholder does not have enough balance on their debit, prepaid or gift card. In addition, the merchant must allow cardholders to pay the remaining balance owed with another form of payment.
 - 2) *Authorization Reversal* — Merchants are required to reverse an authorized transaction if a cardholder decides they do not want to proceed with the transaction and the transaction has not yet settled.
 - 3) *Balance Response* — Merchants are required to print the prepaid card balance on the customer receipt or display it on a customer-facing terminal/POS device/Web page, or both.
- Merchants not complying with these requirements can be subject to non-compliance fees. The amount of fees assessed will be as per the MasterCard and Discover association "non-compliance" fines described in their operating regulations and rules. For more information, please contact your payment processor.

Call your representative today and order your MicroBiz upgrade 13.5!

Enhancements:

- Backorder Report now has option to display items Backordered on IIP
- Option to stay in Post window after posting a payment from the Work Screen
- Automate purchase orders
- Support for different types of Composite Barcodes
- "Always Backorder Balance Qty" setting based on last use
- Added Last Activity filter to various Inventory Reports
- New option to allow or block entry of Clerk ID at IIP
- Backorder module enhancements
- Added support for the STAR TSP 100 USB receipt printer
- Preloaded vendor databases
- ZIP Code database updated
- Currency/Exchange Rate database updated





The original contract's term is unchanged but we are giving you an option to pay us by ACH on the monthly basis so it will ease your company's cash flow burden . Please fill out the ACH form and indicate that you would like us to change your billing cycle from yearly or quarterly to monthly.

Upgrade my software to 13.5 and change our billing cycle from yearly or quarterly to monthly.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

I (We) hereby authorize CAM Commerce Solutions, hereinafter called Company, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Select one: Checking Savings Account

Depository Name (Bank)

Branch

Street Address

City

State

Zip Code

Account Number: _____

Transit Routing Number (9-digit): _____

(PLEASE ATTACH A VOIDED CHECK)

This authority is to remain in effect until Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Customer Name: _____

Authorized Signature: _____

Print Name & Title: _____

Date: _____

PLEASE RETURN TO OUR SECURE FAX LINE: 714-241-8932