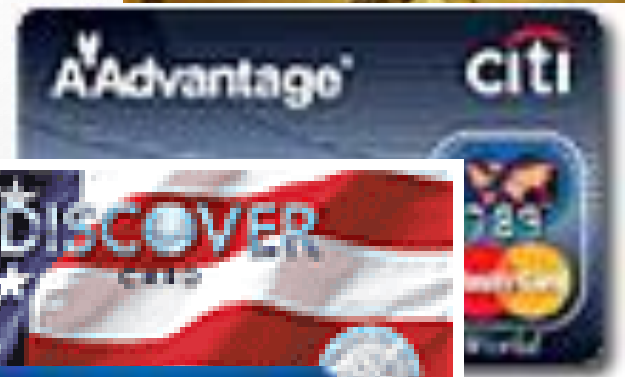
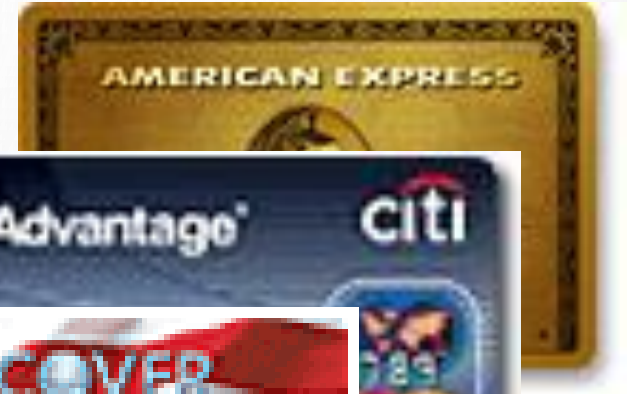


# CREDIT CARD PROCESSING OVERVIEW



**The Systems House, Inc.**  
*Software Solutions for Distributors*



# CREDIT CARD SETUP OVERVIEW

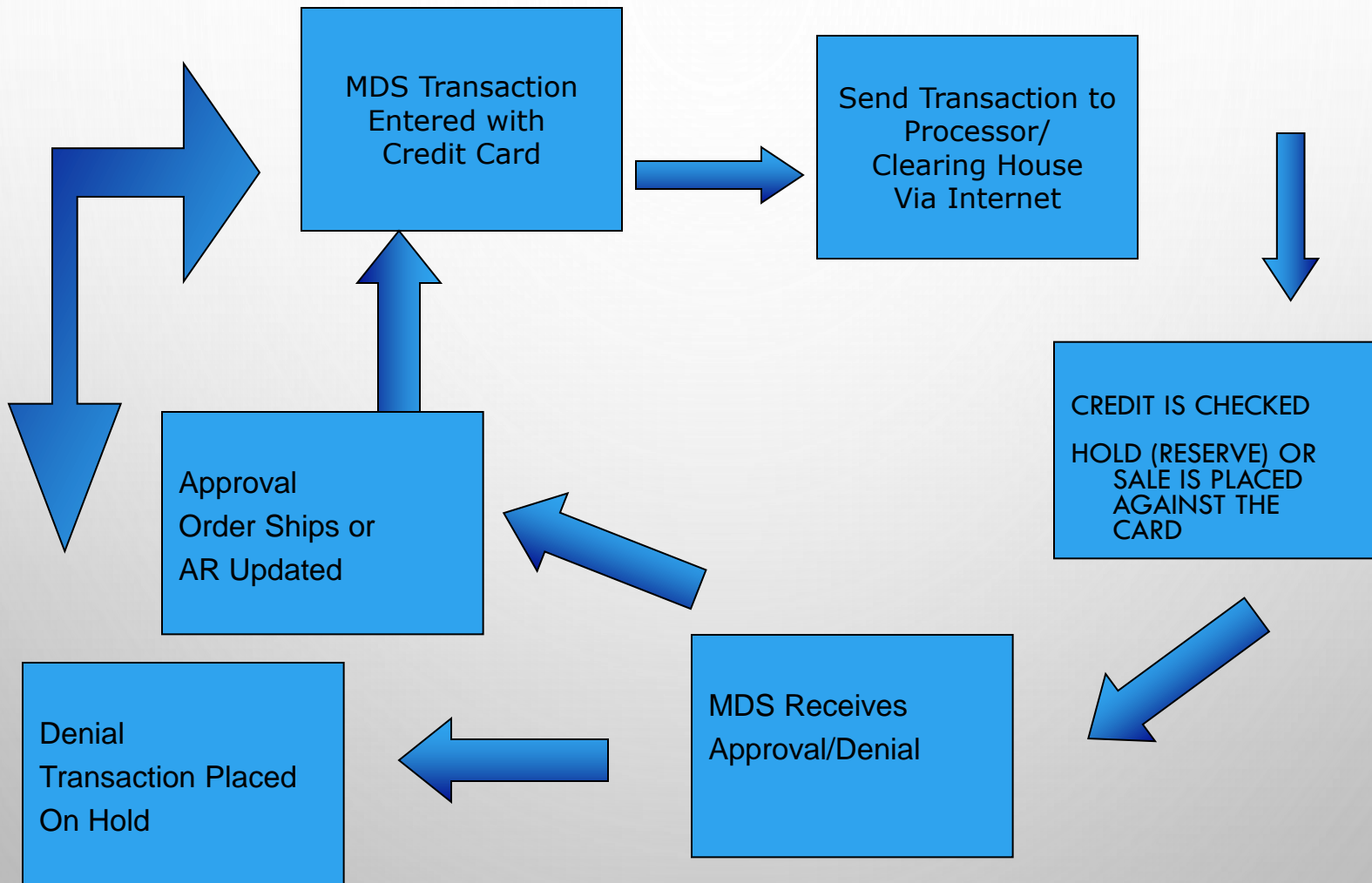
- **DECIDE ON PROCESSOR/CLEARING HOUSE**

## **SOFTWARE**

- *0=AUTH.NET,*
- *1=EPROCESSINGNETWORK ,*
- *2=ICVERIFY ,*
- *3=PAYMENTECH/ORBITAL,*
- *4=3DSI NETWORK,*
- *5=SYNAPSE/MARATHON*
- *6=CARDCONNECT REST API*
- *7=CBS EBIZCHARGE (CENTURY)*
- *8=BASYS PRO*
- *9=PAYTRACE API*
- *10=CARDKNOX HTTPS API*

- **SETUP WITH YOUR BANK**

# HOW IT WORKS



# ORDER/QUOTE PROCESS FLOW

- IN QUOTES – CC CASH IS APPLIED AS A DEPOSIT
- IN ORDER ENTRY THE SHIP AMOUNT PLUS A FREIGHT ALLOWANCE IS AUTHORIZED AT ENTRY TIME
- DURING VERIFICATION EACH SHIPMENT IS CHECKED AGAINST THE AUTH AMOUNT
  - IF THE AMOUNT IS THE SAME THE AUTH IS SENT FOR APPROVAL
  - IF THE AUTH AMOUNT IS DIFFERENT THE AUTH WILL BE CANCELED AND A NEW SALE FOR THE RELEASE AMOUNT WILL BE SENT
- DROP SHIP ORDERS WILL PROMPT IF YOU WANT TO BILL UPFRONT, IF YES IT WILL SEND A SALE FOR THE FULL AMOUNT
  - AT INVOICE UPDATE TIME (ONLINE OR AT EOD) THE MDS SYSTEM WILL CREATE AN ON ACCOUNT RECORD AND AN INVOICE RECORD. THE TWO TRANSACTIONS WILL BE APPLIED TO CREATE A ZERO BALANCE
- PAYMENTS OR CREDITS CAN BE DONE USING THE PAYMENT ENTRY SCREEN

# MDS ORDER ENTRY

MDS for Windows Version 8.2.2 - [rs6000d.tshinc.com-12 BASE.12-CREDIT.CARD.POPUP010S1]

File Edit Settings Reset Tools GUI PDA Standard Functions Special Functions Help

Order Entry Header

Company 01 Sell Whse 001 Ship Whse 001

Order# 138681 Date 04/06/06 The Systems House 012345678901234 012345678901234

Bill Customer IDEAL 201-444-4545 Ship-To The Systems House

IDEAL DISTRIBUTION CO Country IDEAL DISTRIBUTION CO Country

10 CLIFTON BLVD. 10 CLIFTON BLVD.

CLIFTON NJ 07015 CLIFTON NJ 07015

Cust Class 02 OEM Salesman 000 HOUSE ORDERS

2.Req Dt 04/06/06 Future N Bikt N

3.As of Dt

4.Terms 05 MDS CREDIT CARD

5.Source

6.Cust PO#

7.Direct Vendor

8.Spec Ins

9.Caller

10.Ship Via 04 FEDERAL EXPRESS

11.Cash

12.M/Bill

Credit Card Entry

1.Type M/C

2.Number 5555-5555-5555-4444

3.Name DAVID FERTIG

4.Exp Dt 1207

5.Verify# 1234

6.Address 12 CLIFTON BLVD.

7.Zipcode 07015

8.Corp Cd Y

Enter Line# to Change,0 to Accept: X

|      |        |        |         |         |         |         |        |     |       |
|------|--------|--------|---------|---------|---------|---------|--------|-----|-------|
| HELP | OK/END | INSERT | LDELETE | PREV PG | NEXT PG | INQUIRY | CANCEL | Off | Popup |
|------|--------|--------|---------|---------|---------|---------|--------|-----|-------|

# GETTING CC AUTHORIZATION

default - [RS6000D.tshinc.com-56 BASE.12-SSS.OE.TOT.INPUT011\$1]

File Edit Settings View Reset Tools GUI PDA Standard Functions Special Functions Help

Order Previ  
 Co 01 Whse 001 Customer IDEAL IDEAL DISTRIBUTION CO Order# 138332

| Lines | Order Qty | Ship Qty | Open Qty | Dollars |
|-------|-----------|----------|----------|---------|
| 1     | 10        | 10       |          | 100.00  |

Order Date 04/06/06

1. Trade Disc% 10.00 0.00  
 2. Charge Freight Y  
 3. Ship Via 04 FEDERAL EXPRESS  
 4. Ship Zone 001  
 5. Freight 11.00  
 6. Tax Juris 1 NEW JERSEY  
 Tax % 6.00 ON 100.00 6.00  
 7. Misc Charge 0.00  
 8. Cash Disc% 0.00 0.00

Total 117.00

9. Salesman 000 HOUSE ORDERS  
 Commission % 0.00  
 10. Resid/Comm R 11.Freight Class

Now getting Credit Card Authorization

|         |        |        |         |         |          |         |        |          |  |       |
|---------|--------|--------|---------|---------|----------|---------|--------|----------|--|-------|
| MDS INQ | AR INQ | DETAIL | CANCEL  | HEADER  | SHIPPING |         |        | CUSTNOTE |  |       |
| HELP    | OK/END | INSERT | LDELETE | PREV PG | NEXT PG  | INQUIRY | CANCEL | Off      |  | Popup |

# CC APPROVAL/DENIAL MESSAGE

default - [RS6000D.tshinc.com-56 BASE.12-SSS.OE.TOT.INPUT011\$1]

File Edit Settings View Reset Tools GUI PDA Standard Functions Special Functions Help

Order Previ  
 Co 01 Whse 001 Customer IDEAL IDEAL DISTRIBUTION CO

Order# 138332

| Lines | Order Qty | Ship Qty | Open Qty | Dollars |
|-------|-----------|----------|----------|---------|
| 1     | 10        | 10       |          | 100.00  |

Order Date 04/06/06

1. Trade Disc% 10.00 0.00  
 2. Charge Freight Y  
 3. Ship Via 04 FEDERAL EXPRESS  
 4. Ship Zone 001  
 5. Freight  
 6. Tax Juris 1 NEW JER:  
 Tax % 6.000 ON  
 7. Misc Charge  
 8. Cash Disc% 0.00

Total 117.00

9. Salesman 000 HOUSE ORDERS  
 Commission % 0.00  
 10. Resid/Comm R 11.Freight Class

Now getting Credit Card Authorization

MDS for Windows 7.12.4  
 Credit Card Denied - Amount: \$117.00 Invalid Card #  
 OK

|         |        |        |         |         |          |         |        |          |  |       |
|---------|--------|--------|---------|---------|----------|---------|--------|----------|--|-------|
| MDS INQ | AR INQ | DETAIL | CANCEL  | HEADER  | SHIPPING |         |        | CUSTNOTE |  |       |
| HELP    | OK/END | INSERT | LDELETE | PREV PG | NEXT PG  | INQUIRY | CANCEL | Off      |  | Popup |

# CREDIT RELEASE MAINTENANCE

Credit Hold Release Maintenance

Order# / Release# 01138049001

Customer# IDEAL Internal# 100013 Customer Terms 05 MDS CREDIT CARD  
 Name IDEAL DISTRIBUTION CO Order Terms 05 MDS CREDIT CARD  
 Address 10 CLIFTON BLVD. Operator SY1

CLIFTON NJ 07015

Salesman 000 HOUSE ORDERS

Credit Method 05  
 Credit Limit 10000  
 Credit Hold N  
 A/R Balance 80.05  
 Open Order \$ 24681.35  
 In Picking \$ 3248.78  
 Total Amount 583.00  
 Review Comment AUTO REVIEW  
 Hold Reason

Credit Card Entry

1.Type VISA  
 2.Number 4444-5555-5555-1236  
 3.Name JOHN SMITH  
 4.Exp Dt 1207  
 5.Verify# 025  
 6.Address 10 CLIFTON BLVD  
 7.Zipcode 07015  
 8.Corp Cd Y

Enter Line# to Change, 0 to Accept:

|      |        |        |         |         |         |         |        |     |  |  |       |
|------|--------|--------|---------|---------|---------|---------|--------|-----|--|--|-------|
| HELP | OK/END | INSERT | LDELETE | PREV PG | NEXT PG | INQUIRY | CANCEL | Off |  |  | Popup |
|------|--------|--------|---------|---------|---------|---------|--------|-----|--|--|-------|



# PAYMENT/CREDIT USING A CREDIT CARD

default - [RS6000D.tshinc.com-56 BASE.12-CCI.CREDIT.CARD.POPUP012\$1]

File Edit Settings View Reset Tools GUI PDA Standard Functions Special Functions Help

Credit Card Payment Entry

1.Release#/Cust#  
2.Number 3717  
3.Type AMEX  
4.Name David Fertig  
5.Exp Dt 0506  
6.Verify#  
7.Address 10 CLIFTON I  
8.Zipcode 07015  
9.Corp Cd N  
10.Amount 0.00  
11.Comp# 01 Test Company -1  
12.Payment/Credit C

Enter Line# to Change,0 to Accept:

**Inquiry List**

Settings Help

ACCEPTABLE VALUES :

P Payment  
C Credit

**MDS for Windows 7.12.4**

Credit Card Approved - Amount: \$117.00

OK

Add OK Cancel

HELP OK/END INSERT LDELETE PREV PG NEXT PG INQUIRY CANCEL Off Popup

# CUSTOMER RELATIONSHIP MANAGEMENT

|             |                           |              |           |                  |              |
|-------------|---------------------------|--------------|-----------|------------------|--------------|
| Customer#   | UMC                       | Internal#    | 100011    | Position in list |              |
| Credit Hold | N                         | Credit Limit | 9,999,999 | A/R Balance      | 123,061.98   |
| Name        | UNIVERSITY MEDICAL CENTER |              | Phone#    | Fax#             | 973-777-1483 |
| Address1    | 1 STATION PLAZA           |              |           |                  |              |
| Address2    |                           |              |           |                  |              |
| Address3    | TEST 2                    | E-Mail       |           |                  |              |
| City        | EDMONTON                  | WA           | 07000     | df@tshinc.com    |              |
| 1.Business  |                           | 5.Follow Up  | 07/17/03  | 00:00            |              |

| 6. Oper      | Date     | Time  | Notes/Text  |
|--------------|----------|-------|---|
| Contact      |          | Email |   |
| Topic        | Inv#     | Ret   |   |
| 1.SY1        | 02/28/06 | 16:46 | CREDIT CARD ON ACCOUNT FOR \$0.00CHECK NUMBER       |
| CASH MESSAGE |          | C     |   |
| Act          |          |       |   |
| 2.SY1        | 02/27/06 | 15:07 | CREDIT CARD ON ACCOUNT FOR \$125.00CHECK NUMBER 200 |
| CASH MESSAGE | 01128832 | C     | 60227140814.05971.95425                             |
| Act          |          |       |   |

Enter Line Number to Change or '0' to Accept: xxxxxx

|          |          |          |         |          |         |          |           |       |  |     |
|----------|----------|----------|---------|----------|---------|----------|-----------|-------|--|-----|
| Contacts | Prev Rec | Next Rec | AR Inq  | Add Note | Mds Inq | Cust Ord | Cred Card | Topic |  |     |
| HELP     | OK/END   | INSERT   | LDELETE | PREV PG  | NEXT PG | INQUIRY  | CANCEL    | Off   |  | Pop |

|           |                     |        |      |       |
|-----------|---------------------|--------|------|-------|
| Message   | Board               | Credit | Card | Entry |
| 1.Type    | VISA                |        |      |       |
| 2.Number  | 4444-1111-1111-1111 |        |      |       |
| 3.Name    | JOHNNY SMITH        |        |      |       |
| 4.Exp Dt  | 1208                |        |      |       |
| 5.Verify# |                     |        |      |       |
| 6.Address | 1 STATION PLAZA     |        |      |       |
| 7.Zipcode | 07000               |        |      |       |
| 8.Corp Cd | N                   |        |      |       |
| 9.Amount  |                     | 0.00   |      |       |
| 10.Comp#  |                     |        |      |       |



# A/R INQUIRY – ON ACCOUNT

default - [RS6000D.tshinc.com-56 BASE.12-DET.AR011S1]

File Edit Settings View Reset Tools GUI PDA Standard Functions Special Functions Help

Customer Accounts Receivables

Company# 01 Test Company -1 Creation Date 05/14/80

Customer# IDEAL IDEAL DISTRIBUTION CO

City St Zip CLIFTON

Start Date End Date

Salesman# 000 HOUSE ORDERS

1.Customer Comments

High Cred\$ 406266 OpenOrder\$ 76576.19 A/R Balan

Invoice Order Payment

Last Date 502853 138335 10

Date 03/06/06 04/06/06 03/14/06

| Ln# | Typ | Invoice# | Date     | Ref  |
|-----|-----|----------|----------|------|
| 36  | O/A | 01128855 | 04/06/06 | 1288 |
| 36  | C/M | 01130795 | 01/12/04 | 1307 |
| 38  | C/M | 01130797 | 01/21/04 | 1307 |
| 39  | S/C | 01134162 | 05/28/03 |      |
| 40  | S/C | 01134164 | 06/13/03 | 134  |
| 41  | S/C | 01134170 | 10/29/03 | 134  |
| 42  | S/C | 01134178 | 11/30/03 | 134  |

Enter 'END' to exit, 'CC' for cust comments, or 'TT'

Inquiry List

Settings Help

AR DETAIL INQUIRY

| TYPE | DATE     | REF NO | AMOUNT | REF .DATA       | PPER |
|------|----------|--------|--------|-----------------|------|
| O/A  | 04/06/06 | 128855 | 117.00 | 20060406111751- | 0603 |

Add OK Cancel

| Select | Stmt Prt | Det AR | Details | Agit                                     |
|--------|----------|--------|---------|--|
| HELP   | OK/END   | INSERT | LDELETE | PREV PG NEXT PG INQUIRY CANCEL Off Popup |

# A/R INQUIRY – INVOICE

Customer Accounts Receivables

|             |          |                           |               |                |
|-------------|----------|---------------------------|---------------|----------------|
| Company#    | 01       | The Systems House, Inc.   | Creation Date | 05/14/80       |
| Customer#   | UMC      | UNIVERSITY MEDICAL CENTER |               |                |
| City St Zip | EDMONTON | WA 07000                  | Credit Meth   | 00 Cred Hold N |
| Start Date  |          | End Date                  |               |                |
| Salesman#   | 001      | TSH                       |               |                |

1.Customer Comments

|             |             |             |
|-------------|-------------|-------------|
| High Cred\$ | OpenOrder\$ | A/R Balance |
| 350921      | 29397259.63 | 122690.9    |

|      |          |          |          |
|------|----------|----------|----------|
|      | Invoice  | Order    | Payment  |
| Last | 131021   | 140453   | 371.00   |
| Date | 05/25/07 | 06/05/07 | 05/21/07 |

| Ln# | Typ | Invoice# | Date     | Ref# |
|-----|-----|----------|----------|------|
| 8   | INV | 01503539 | 05/21/07 |      |
| 9   | INV | 01503540 | 05/21/07 |      |
| 10  | INV | 01503541 | 05/21/07 |      |
| 11  | INV | 01503528 | 05/15/07 |      |
| 12  | INV | 01503515 | 04/04/07 |      |
| 13  | INV | 01503510 | 04/03/07 |      |
| 14  | INV | 01503401 | 01/23/07 |      |

Inquiry List

Settings Help

AR Detail Inquiry for 01503528

| Type | Date     | Ref No | Amount  | Cust Ref | FPer |
|------|----------|--------|---------|----------|------|
| INV  | 05/15/07 |        | 371.00  | 20938475 | 0702 |
| PMT  | 05/15/07 |        | -371.00 | 20938475 | 0702 |

Add
OK
Cancel



# REMOTENET PAYMENT PORTALS

- **CUSTOMER/EXTERNAL OPTIONS**

- EMAIL RECEIPT OF PAYMENTS
- SUPPRESS CREDITS
- OPTION FOR ACH LINKS
- DOWNLOAD COPY OF INVOICE AND STATEMENTS

- **INTERNAL OPTIONS**

- MANUALLY OVERRIDE AMOUNTS
- CHOOSE OR VIEW AND CUSTOMER ACCOUNT

# REMOTENET CUSTOMER PAYMENT PORTAL



Enterprise Resource Planning

www.tshinc.com

Place an Order ▾

My Account ▾

Deals ▾

Contact Us ▾

Home ▾

Enter Product



Search

- 123456789A
- BATH ACCESSORIES
- Bandages
- CARPET CLEANERS
- Cats Eye/Optic Beads
- DESK DRAWER KEYS
- FORMS
- Kendall Healthcare Prods
- MEDICAL SUPPLIES
- NARCOTICS
- NON-PRESCRIPTION DRUGS
- Newest Items
- OFFICE FURNITURE SET
- OFFICE SUPPLIES
- PLASTIC DESK DRAWERS
- PLASTIC DESK LEGS
- PLASTIC DESK SIDES
- PLASTIC DESK TOPS
- PLASTIC DESKS
- PRESCRIPTION DRUGS
- More...

To Pay your invoices via ACH or Bank Account Please Note the Amount and Invoice Number to Pay and Click Here

| Customer #   | Salesrep            | Customer Name                     |                |
|--|---------------------|-----------------------------------|----------------|
| RACHEL   | RJ TEST             | BEST MEDICAL SUPPLY<br>1033 RT 46 |                |
| <div style="border: 1px solid blue; padding: 2px; display: inline-block;">  Terms: 01 2/10 NET 30                 </div> |                     | HOWELL NJ 07731<br>USA            |                |
| Phone  | Fax                 |                                   |                |
| 973-777-8050   | 973-111-1111        |                                   |                |
| Highest Credit   | Last Payment        | AR Balance                        | Oldest Invoice |
| \$17,288.54  | \$20.00 on 09/30/20 | \$1,725,587.48                    | 05/02/03       |

Sort By: Newest Invoice ▾ GO

Items per page: ▾ GO

Here are your open invoices:  
 To show account history including closed invoices check this box.  
 Click here to view your Account Statements

### Pay Your Invoices Online

Check the box to the right of each Invoice to add it to your payment list.  
 Once you are done click the "Pay Now" button to pay off your invoices using a credit card.

Total amount of invoices selected for payment : \$1819.00 Pay Now

| Line No. | Type | Invoice # | Inv. Date | Customer Ref.             | Order#-Rel# | Original Amt. | Open Amt.  | Select All Invoices for Payment     |
|----------|------|-----------|-----------|---------------------------|-------------|---------------|------------|-------------------------------------|
| 1        | INV  | 01A02839  | 10/23/20  | 5456/BEST MEDICAL SUPPLY  | 01S02322001 | \$4,280.00    | \$4,280.00 | <input type="checkbox"/>            |
| 2        | INV  | 01A02836  | 10/12/20  | TEST1/BEST MEDICAL SUPPLY | 01S02302001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |
| 3        | INV  | 01A02833  | 10/06/20  | TEST/BEST MEDICAL SUPPLY  | 01S02288001 | \$642.00      | \$0.00     | <input type="checkbox"/>            |
| 4        | C/M  | 01R11128  | 10/06/20  | /BEST MEDICAL SUPPLY      | 01S02289001 | \$-642.00     | \$0.00     | <input type="checkbox"/>            |
| 5        | ADJ  | 01A00730  | 09/30/20  | ADJUSTMENT/               |             | \$100.00      | \$100.00   | <input type="checkbox"/>            |
| 6        | O/A  | 01500120  | 09/30/20  | 1234/                     |             | \$-90.00      | \$-90.00   | <input type="checkbox"/>            |
| 7        | INV  | 01A02827  | 09/23/20  | 1/BEST MEDICAL SUPPLY     | 01S02275001 | \$1,819.00    | \$1,819.00 | <input checked="" type="checkbox"/> |
| 8        | INV  | 01A02828  | 09/23/20  | TEST/BEST MEDICAL SUPPLY  | 01S02276001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |
| 9        | O/A  | 01500114  | 09/21/20  | WEBCC-A31962/             | A31962      | \$-100.00     | \$0.00     | <input type="checkbox"/>            |
| 10       | O/A  | 01500115  | 09/21/20  | WEBCC-A31962/             | A31962      | \$-60.00      | \$0.00     | <input type="checkbox"/>            |

+ | - Salesman User: DAVID  
 Order Cut Off Time is: Thu Dec 10 2020 19:30:00 GMT-0500 (Eastern Standard Time) Time Left to Place Your Order Today

0 Hours 0 Minutes 0 Seconds

- Shortcuts + | -
- Our Specials + | -
- Current Order + | -

### Live Help

Do you have questions?  
**Call us : 973-777-8050**  
**E-mail us :**  
 Remotenet@tshinc.com  
 Your Account Representative  
**Sales Contact : RJ TEST**

# REMOTENET CUSTOMER PAYMENT PORTAL

My Invoices 7.0

Not secure | rs6000d.tshinc.com:7373/MDSWEB/login012B/My-Invoices

Welcome RACHELSELL | Order: A32230 \$0.00 | Checkout | 1-Click Checkout | View Order | Log out - Any issues?

RE MOTENET B2B ECOMMERCE

B2B eCommerce

Total amount of invoices selected for payment : \$1819.00

**Billing:** BEST MEDICAL SUPPLY  
1033 RT 46  
HOWELL, NJ 07731

**Credit Card Type:** American Express Card 3.00% Fee Applies  
Discover 2.75% Fee Applies

**Credit Card Number:** [Input Field]

**Validation Code:** [Input Field]

**Name on card:** [Input Field]

**Expire Date:** [Dropdown] [Dropdown]

**Billing Address:** [Input Field]

**Billing Zipcode:** [Input Field]

**Credit Card:** Choose an Existing Credit Card

- Choose an Existing Credit Card
- M/C - Last 4 Digits 5100 Exp: 1217  
RACHEL JOHNSEN  
1033 RT 46 E 07013
- VISA - Last 4 Digits 5439 Exp: 1221  
DAVID  
124 ADDRESS WAY 07012
- VISA - Last 4 Digits 5555 Exp: 1218  
Rachel Johnson

**Submit Payment**

Here are your open invoices:

To show account history including closed invoices check this box.  
Click here to view your Account Statements

Pay Your Invoices Online

Check the box to the right of each Invoice to add it to your payment list.  
Once you are done click the "Pay Now" button to pay off your invoices using a credit card.

Total amount of invoices selected for payment : \$1819.00 **Pay Now**

| Line No. | Type | Invoice # | Inv. Date | Customer Ref.             | Order#-Rel# | Original Amt. | Open Amt.  | Select All Invoices for Payment     |
|----------|------|-----------|-----------|---------------------------|-------------|---------------|------------|-------------------------------------|
| 1        | INV  | 01A02839  | 10/23/20  | 5456/BEST MEDICAL SUPPLY  | 01502322001 | \$4,280.00    | \$4,280.00 | <input type="checkbox"/>            |
| 2        | INV  | 01A02836  | 10/12/20  | TEST1/BEST MEDICAL SUPPLY | 01502302001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |
| 3        | INV  | 01A02833  | 10/06/20  | TEST/BEST MEDICAL SUPPLY  | 01502288001 | \$642.00      | \$0.00     | <input type="checkbox"/>            |
| 4        | C/M  | 01R11128  | 10/06/20  | /BEST MEDICAL SUPPLY      | 01502289001 | \$-642.00     | \$0.00     | <input type="checkbox"/>            |
| 5        | ADJ  | 01A00730  | 09/30/20  | ADJUSTMENT/               |             | \$100.00      | \$100.00   | <input type="checkbox"/>            |
| 6        | O/A  | 01500120  | 09/30/20  | 1234/                     |             | \$-90.00      | \$-90.00   | <input type="checkbox"/>            |
| 7        | INV  | 01A02827  | 09/23/20  | 1/BEST MEDICAL SUPPLY     | 01502275001 | \$1,819.00    | \$1,819.00 | <input checked="" type="checkbox"/> |
| 8        | INV  | 01A02828  | 09/23/20  | TEST/BEST MEDICAL SUPPLY  | 01502276001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |
| 9        | O/A  | 01500114  | 09/21/20  | WEBCC-A31962/             | A31962      | \$-100.00     | \$0.00     | <input type="checkbox"/>            |
| 10       | O/A  | 01500115  | 09/21/20  | WEBCC-A31962/             | A31962      | \$-60.00      | \$0.00     | <input type="checkbox"/>            |

Order Cut Off Time is: Thu Dec 10 2020 19:30:00 GMT-0500 (Eastern Standard Time) Time Left to Place Your Order Today

0 Hours 0 Minutes 0 Seconds

Shortcuts + | -

Our Specials + | -

Current Order + | -

05/02/03

+ | - Salesman User: DAVID

Live Help

Do you have questions?

Call us : 973-777-8050  
E-mail us : Remotenet@tshinc.com

Your Account Representative  
Sales Contact : RJ TEST

# REMOTENET INTERNAL PAYMENT PORTAL




Electronic Document Management  
www.tshinc.com

KERONDEE PORTER WELCOME RACHEL

To Pay your invoices via ACH or Bank Account Please Note the Amount and Invoice Number to Pay and Click Here

## RemoteNet Internal Payment Portal

Current Customer or Web Login:  
umc [Change Customer](#) [Search For Customer](#)

Current Web Order Number: A32231  
Enter Customer Number Above to Change Customers and click Change Customer

Current Account:  
RACHEL BEST MEDICAL SUPPLY 1033 RT 46 HOWELL NJ 07731 USA  
Phone: 973-777-8050 Fax: 973-111-1111 SalesRep: RJ TEST

**Terms: 01 2/10 NET 30**


Highest Credit: \$17,288.54  
Last Payment: \$20.00 on 09/30/20  
AR Balance: \$1,725,587.48

- Select a Web User (Customer) AND WITH SEARCHFIELDS=[UMC]
- larryh@tshinc.com - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - UMC - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - JOE - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - RAY - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - demo - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - ADMIN1 - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - LARRYH - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - NEW1 - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - JANNA - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - EMS.WHSE - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - LISAWHSE - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - LARRYH.BAK - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - DEMO1 - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - DEMO2 - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - DEATEST - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - USER1 - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - SMITHSON - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - BSGGS - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - SLSDemo - UMC MEDICAL 01 99 CLIFTON NJ 07013
  - ZZ900059 - UMC MEDICAL 01 99 CLIFTON NJ 07013

Internal Payment Portal 7.0

Not secure | rs6000d.tshinc.com:7373/MDSWEB/login012B/LOGINPATH/PAYPRI/CUSTOMERID/RACHEL






**The Systems House, Inc.**  
Software Solutions for Importers and Distributors

RemoteNet Portal Welcome RACHEL

### Pay Your Invoices Online

Check the box to the right of each Invoice to add it to your payment list.  
Once you are done click the "Pay Now" button to pay off your invoices using a credit card.

Total amount of invoices selected for payment : \$0.00  
Override - Manual amount for payment : \$

### Pay Your Invoices Online

Check the box to the right of each Invoice to add it to your payment list.  
Once you are done click the "Pay Now" button to pay off your invoices using a credit card.

Here are your open invoices: [Click here to view your Account Statements](#)

Total amount of invoices selected for payment : \$6099.00  
Override - Manual amount for payment : \$5000.00

| Line No. | Type | Invoice # | Inv. Date | Customer Ref.             | Order#-Rel# | Original Amt. | Open Amt.  | Select All Invoices for             |
|----------|------|-----------|-----------|---------------------------|-------------|---------------|------------|-------------------------------------|
| 1        | INV  | 01A02839  | 10/23/20  | 5456/BEST MEDICAL SUPPLY  | 01502322001 | \$4,280.00    | \$4,280.00 | <input checked="" type="checkbox"/> |
| 2        | INV  | 01A02836  | 10/12/20  | TEST1/BEST MEDICAL SUPPLY | 01502302001 | \$1,819.00    | \$1,819.00 | <input checked="" type="checkbox"/> |
| 3        | INV  | 01A02833  | 10/06/20  | TEST/BEST MEDICAL SUPPLY  | 01502288001 | \$642.00      | \$0.00     | <input type="checkbox"/>            |
| 4        | C/M  | 01R11128  | 10/06/20  | /BEST MEDICAL SUPPLY      | 01502289001 | -\$642.00     | \$0.00     | <input type="checkbox"/>            |
| 5        | ADJ  | 01A00730  | 09/30/20  | ADJUSTMENT/               |             | \$100.00      | \$100.00   | <input type="checkbox"/>            |
| 6        | O/A  | 01500120  | 09/30/20  | 1234/                     |             | -\$90.00      | -\$90.00   | <input type="checkbox"/>            |
| 7        | INV  | 01A02827  | 09/23/20  | 1/BEST MEDICAL SUPPLY     | 01502275001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |
| 8        | INV  | 01A02828  | 09/23/20  | TEST/BEST MEDICAL SUPPLY  | 01502276001 | \$1,819.00    | \$1,819.00 | <input type="checkbox"/>            |

Internal Payment Portal 7.0

Not secure | rs6000d.tshinc.com:7373/MDSWEB/login012B/LOGINPATH/PAYPRI/CUSTOMERID/RACHEL

Total amount of invoices selected for payment : \$6099.00  
Override - Manual amount for payment : \$5000.00

**Billing:** BEST MEDICAL SUPPLY  
1033 RT 46  
HOWELL, NJ 07731

**Credit Card:** M/C - Last 4 Digits 5100 Exp: 1217  
RACHEL JOHNSEN  
1033 RT 46 E 07013

**Credit Card Type:** American Express Card 3.00% Fee Applies  
Discover 2.75% Fee Applies

**Credit Card Number:**

**Validation Code:**

**Name on card:**

**Expire Date:**

**Billing Address:**

**Billing Zipcode:**



# ACCOUNTING PROCEDURES SUMMARY

- INVOICES WILL SHOW AS PAID
- O/A WILL SHOW AS OPEN UNTIL THEY ARE APPLIED
- ANY ITEMS PAID OFF FROM THE CRM SYSTEM WILL DISPLAY A NOTE TO THE CASH OPERATOR ON HOW TO APPLY
- YOU CAN PRINT A RECEIPT FOR YOUR RECORDS
- YOU CAN RUN REPORTS TO MATCH TO DAILY CASH
- DAILY CASH BATCH WITH CC IN THE BEGINNING (CC-VISA, CC-AMEX, ETC) WILL ALLOW YOU TO TIE OUT TO DAILY/MONTHLY TOTALS FROM YOUR MERCHANT BANK REPORT THE SAME WAY