MERCHANT PROCESSING APPLICATION AND AGREEMENT

Reliable Merchant Services

Sales Office_____ Print Sales Rep Name _____ Sales ID#_____

Merchant #_____ Sales Rep. Signature _____ Phone #: _____

RMS1502(ia)	**I. BUSINESS INFORMATION**	RMS1502(ia)

Client's Business Name *(Doing Business As)*:

Client's Corporate/Legal Name *(Use Also For Headquarter's Information)*:

Business Address:

Billing Address *(If Different Than Location Address)*:

City: | **State:** | **Zip:**

City: | **State:** | **Zip:**

Location Phone #: | **Location Fax #:**

Contact Name:

Business E-mail Address:

Contact Fax # / E-mail Address:

Business Website Address:

Contact Phone #:

Customer Service Phone #: | **Customer Service E-mail Address:**

Send Retrieval Requests to: ☐ **Business Location** ☐ **Corp/Legal Location**

Send Merchant Monthly Statement to: ☐ **Business Location** ☐ **Corp/Legal Location**

☐ **INDIVIDUAL/SOLE PROPRIETORSHIP:** State in which Certificate of

  Assumed Name Filed: _____ **State:** _____

☐ **CORPORATION – CHAPTER S, C** **State:** _____

☐ **MEDICAL OR LEGAL CORPORATION State:** _____

☐ **TAX EXEMPT ORGANIZATION (501C) State:** _____

☐ **INTERNATIONAL ORGANIZATION**

  Location Filed: _____

☐ **ASSOCIATION/ESTATE/TRUST State Filed:** _____

☐ **GOVERNMENT (Federal, State, Local)**

☐ **LIMITED LIABILITY**
  COMPANY **State Filed:** _____

☐ **PARTNERSHIP** **State Filed:** _____

Name *(as it appears on your income tax return)*

FEDERAL TAX ID #
(as it appears on your income tax return)

☐ **I certify that I am a foreign entity/nonresident alien.**
(If checked, please attach IRS Form W-8.)

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part III, Section A.3 of your Program Guide for further information.)

SIC/MCC: | **Detailed Explanation of Type of Merchandise, Products or Services Sold:**

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION – ALL MERCHANTS

Are you using a Vendor? ☐ Yes ☐ No If yes, please supply a copy of Vendor's report.

1. **Zone:** ☐ **Business District** ☐ **Industrial** ☐ **Residential**
2. **Location:** ☐ **Mall** ☐ **Office** ☐ **Home** ☐ **Shopping Area**
   ☐ **Mixed** ☐ **Apartment** ☐ **Isolated**
3. **How many employees:** _____
4. **How many registers / Terminals:** _____
5. **Is proper license visible?** ☐ Yes
   ☐ **No, explain:** _____
6. **Where is the merchant name displayed at the site?**
   ☐ **Window** ☐ **Door** ☐ **Store Front**
7. **Merchant Occupies:** ☐ **Ground Floor** ☐ **Other:** _____
8. **# of Floors/Levels:** ☐ **1** ☐ **2-4** ☐ **5-10** ☐ **11+**
9. **Remaining Floor(s) Occupied by:**
   ☐ **Residential** ☐ **Commercial** ☐ **Combination**
10. **Approximate Square Footage:**
   ☐ **0-250** ☐ **251-500** ☐ **501-2,000** ☐ **2,001 plus**
11. **Are customers required to leave a deposit?**
   ☐ **No** ☐ **Yes** If Yes, % of deposit required: _____%
12. **Return Policy:** ☐ **Full Refund** ☐ **Exchange Only** ☐ **None**
13. **Do you have a refund policy for MC/Visa/Discover® Network/**
   Amer. Express OnePoint Sales? ☐ **Yes** ☐ **No** If yes, check one:
   ☐ **Exchange** ☐ **Store Credit**
   ☐ **MC/V/Discover Network/American Express OnePoint Credit**
   If MC/Visa/Discover Network/American Express OnePoint Credit,
   within how many days do you submit credit transactions?
   ☐ **0-3** ☐ **4-7** ☐ **8-14** ☐ **Over 14**
14. **Advertising Method** *(Attach at least one)*:
   ☐ **Catalog** ☐ **Brochure** ☐ **Direct Mail** ☐ **TV/Radio**
   ☐ **Internet** ☐ **Phone** ☐ **Newspaper/Journals** ☐ **Other**
   Marketing Materials required for Mail Order, B to B, Internet over
   $1 Million in annual volume. Attach Web Page for Internet Merchant.

15. **Your Previous Processor:** _____
16. **Check Reason For Leaving:**
   ☐ **Rate** ☐ **Service** ☐ **Terminated** ☐ **Other:** _____

Mail / Telephone Order / Business to Business / Internet Information
(All Questions must be Answered)

1. **What % of total sales represent business to business** *(vs business to consumer)*:
   Business to Business _____% + **Business to Consumer** _____% = **100%** (total sales)
2. **What % of bankcard sales represent business to business** *(vs business to consumer)*:
   Business to Business _____% + **Business to Consumer** _____% = **100%** (total sales)
3. **What is the time frame from transaction to delivery?** *(% of orders delivered in)*:
   0-7 days _____% + **8-14 days** _____% + **15-30 days** _____% + **over 30 days** _____% = **100%**
4. **MC/Visa/Discover Network/American Express OnePoint sales are deposited** *(check one)*:
   ☐ **Date of order** ☐ **Date of delivery** ☐ **Other** *(specify)*: _____
5. **Who performs product / service fulfillment?** ☐ **Direct** ☐ **Vendor** ☐ **Other** If vendor, add
   Name: _____
   Address: _____
   City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
   Please describe how the transaction works, from order taking to merchant fulfillment
   (attach additional sheet if necessary):
   _____

6. **Does any of your cardholder billing involve automatic renewals or**
   recurring transactions *(i.e., cardholder authorizes initial sale only)*? ☐ **Yes** ☐ **No**

RMS1502(ia)	**3. COMPANY HISTORY**	RMS1502(ia)

Date Business Started: _____   **Prior Bankruptcies?** ☐ No   ☐ Yes   ☐ Business and / or   ☐ Personal

TRADE REFERENCE 1	**TRADE REFERENCE 2**
Vendor Name:	**Vendor Name:**
Address:	**Address:**
City: **State:** **Zip:**	**City:** **State:** **Zip:**
Contact Name:	**Contact Name:**
Contact Telephone: **Vendor Acct. #:**	**Contact Telephone:** **Vendor Acct. #:**

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1	**OWNER / PARTNER / OFFICER 2**
Name: *(First, MI, Last)* **% Ownership:**	**Name:** *(First, MI, Last)* **% Ownership:**
Title:	**Title:**
Home Address: *(No P.O. Box)*	**Home Address:** *(No P.O. Box)*
City: **State:** **Zip:** **Country:**	**City:** **State:** **Zip:** **Country:**
Telephone #: **Social Security #:**	**Telephone #:** **Social Security #:**
D.O.B.: **DL #:** **State:**	**D.O.B.:** **DL #:** **State:**

5. SETTLEMENT INFORMATION

Deposit Bank:	**Bank Contact:**
Transit / ABA #:	**Deposit Account #:**

ACH Detail Flag: ☐ Individual   ☐ Combined   ☐ Separate *(defaults to Combined if option not selected)*

6. EQUIPMENT/THIRD PARTY INFORMATION

Network (Front End): ☐ Omaha   ☐ North   ☐ Nashville   ☐ Buypass

Do you use any third party to store, process or transmit cardholder data? ☐ Yes   ☐ No

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

INTERNET GATEWAY: ☐ First Data Global Gateway   ☐ Other: _____   **Wireless Network:** _____

	Quantity				
PC/Internet Software _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
Terminal Model _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
Printer Model _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing
PIN Pad _____	Quantity _____	☐ New	☐ Rent	☐ Lease	☐ Existing

LEASE COMPANY: (04) First Data Global Leasing   **Lease Term:** _____ Mos.   **Annual Tax Handling Fee:** 10.20

Total Monthly Lease Charge: $_____ w/o taxes, late fees, or other charges that may apply – See Lease Agreement in Program Guide for details. **This is a <u>non-cancelable</u> lease for the full term indicated.)**

Address	City	State	Zip	Attention:

7. GRID INFORMATION – INTERNAL USE ONLY

MC CREDIT MPG ID _____ *8-position Alpha/Numeric*	VISA CREDIT MPG ID _____ *8-position Alpha/Numeric*	DISCOVER NETWORK CREDIT MPG ID _____ *8-position Alpha/Numeric*	**AUTHORIZATION GRID ID#:**
MC DEBIT MPG ID _____ *8-position Alpha/Numeric*	VISA DEBIT MPG ID _____ *8-position Alpha/Numeric*	DISCOVER NETWORK DEBIT MPG ID _____ *8-position Alpha/Numeric*	_____
MC CREDIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	VISA CREDIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	DISCOVER NETWORK CREDIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	**USER DEFINED GRID ID#:**
MC DEBIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	VISA DEBIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	DISCOVER NETWORK DEBIT TIERED GRID ID *8-pos. Alpha/Numeric (Client Use)*	_____

8. TRANSACTION INFORMATION

FINANCIAL DATA

Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) $_____	**Avg. MC/Visa/Discover Network Ticket** *(Estimate If Never Processed in Past)* $_____	
Average YEARLY MC/Visa Volume $_____	**Avg. American Express OnePoint Ticket** *(Estimate If Never Processed in Past)* $_____	
Average YEARLY Discover Network Volume $_____		
Average YEARLY American Express OnePoint Volume $_____	**Highest Ticket Amount** $_____	

Seasonal? ☐ No   ☐ Yes   **High Volume Months Open:** _____

WHERE IS SALE TRANSACTED? *(Must = 100%)*

Store Front/Swiped	_____%
Internet	_____%
Mail Order	_____%
Telephone Order	_____%
Total	**100** %

RMS1502(ia)	**9. SERVICE FEE SCHEDULE**	RMS1502(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: $_____ *(Per Item)*   Discover Network Auth & Capture Fee: $_____ *(Per Item)*   TransArmor Auth Fee $_____ *(Per Item)*

☐ American Express OnePoint/Full Service (EDC)   *or*   ☐ American Express ESA/Pass Through   Voice Authorization $_____ *(Per Item)*

Electronic AVS Fee $_____ *(Per Item)*

American Express Authorization: $_____ *(Per Item)*   JCB Authorization: $_____ *(Per Item)*   Voice AVS Fee $_____ *(Per Item)*

Amer. Express ESA/Pass Through SE #: _____   JCB SE #: _____   ARU Fee $_____ *(Per Item)*

Miscellaneous Fees / Monthly Fees

☐ Dues and Assessments | Chargeback Fee $_____ *(Per Item)* | Retrieval Fee (12B Letter) $_____ *(Per Item)* | Return Trans. Fee $_____ *(Per Item)*

Monthly Fees

Wireless Fee $_____

Portfolio Mgr Fee $_____

Sales Transaction Fee $_____ *(Per Item)* | Batch Fee $_____ *(Per Item)* | Early Termination Fee $_____ *(One Time Fee)*

eMerchantView Access Fee $_____

EBT – Food Stamps   EBT – Cash Benefits   Other:

$_____ *(Per Item)* #: _____ $_____ *(Per Item)*   _____ $_____

Customer Service Fee $_____

Debit Access Fee $_____

Annual Fee $_____   MC Other Item Rate $_____   Visa Other Item Rate $_____

Supplies:

_____ $_____

| Discover Network Other Item Rate $_____ | Amex OnePoint Other Item Rate $_____ | Amex OnePoint Other Volume _____ % | JCB Other Item Rate $_____ |

Other:

_____ $_____

| Minimum Monthly Fee $_____ | Monthly Statement Fee $_____ *(Account on File)* | | Pass Visa ACQ ISA Fee ☐ Yes ☐ No |

_____ $_____

| Pass Visa Acquirer Processing Fee ☐ Yes ☐ No | Pass Visa Misuse of Auth Fee ☐ Yes ☐ No | Pass Visa Zero Floor Limit Fee ☐ Yes ☐ No | Pass Visa Int'l Acquirer Fee ☐ Yes ☐ No |

_____ $_____

| Pass MC Acquirer Support Fee ☐ Yes ☐ No | Pass MC Cross Border Fee ☐ Yes ☐ No | Pass MC Nat'l Acquirer Brand Usage (NABU) Fee ☐ Yes ☐ No | Pass MC Processing Integrity Fee ☐ Yes ☐ No |

_____ $_____

| Pass Discover Int'l Processing Fee ☐ Yes ☐ No | Pass Discover Int'l Service Fee ☐ Yes ☐ No | Pass Discover Data Usage Charge ☐ Yes ☐ No | |

_____ $_____

Accept all MasterCard, Visa and Discover Network Transactions *(presumed, unless any selections below are checked)*

MasterCard Acceptance
- ☐ Accept MC Credit Transactions *only*
- ☐ Accept MC Non-PIN Debit Trans. *only*

Visa Acceptance
- ☐ Accept Visa Credit Transactions *only*
- ☐ Accept Visa Non-PIN Debit Trans. *only*

Discover Network Acceptance
- ☐ Accept Discover Network Credit Transactions *only*
- ☐ Accept Discover Network Non-PIN Debit Trans. *only*

☐ **Discount Collected**   ☐ Daily ☐ Monthly   See Section 1.9 of the Program Guide for details regarding limited acceptance.

TIN/TFN & Regulatory Product Fees

Reg. Product Fee $_____ (Monthly)

TIN/TFN Invalid $_____ (Monthly)

Website Usage $_____ *(Per Item)*

IVR Usage $_____ *(Per Item)*

Tiered

Discount Fees (Based on Gross Sales Volume)

	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	$	Visa Qual Credit	%	$	Discover Network Qual Credit	%	$
MC Mid-Qual Credit	%	$	Visa Mid-Qual Credit	%	$	Disc. Network Mid-Qual Credit	%	$
MC Non-Qual Credit	%	$	Visa Non-Qual Credit	%	$	Disc. Network Non-Qual Credit	%	$
MC Worldcard Qual	%	$	Visa Rewards 1	%	$	Discover Network Qual Debit	%	$
MC Worldcard Mid-Qual	%	$	Visa Rewards 2	%	$	Disc. Network Mid-Qual Debit	%	$
MC Worldcard Non-Qual	%	$				Disc. Network Non-Qual Debit	%	$
MC Qual Debit	%	$	Visa Qual Debit	%	$	Disc. Network Reg. Debit Disc't	%	$
MC Mid-Qual Debit	%	$	Visa Mid-Qual Debit	%	$			
MC Non-Qual Debit	%	$	Visa Non-Qual Debit	%	$			
MC Regulated Debit Disc't	%	$	Visa Regulated Debit Disc't	%	$			

ERR

	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%

☐ Pass Through Interchange – Includes Dues and Assessments

Other Item Rate $_____ *(per item)*

Other Volume Percent *(Based on Net Volume)* _____ %

	Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*
MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%

PIN Debit

☐ Pass Through Debit Network Fees   Other Item Rate $_____ *(per item)*   Other Volume Percent _____% *(per item)*

American Express OnePoint

	Rate	Per Item
☐ Retail**	_____ %	$_____
☐ Restaurant**	_____ %	$_____
☐ Fast Food Restaurant	_____ %	
☐ Mail Order & Internet	_____ %	
☐ Supermarkets	_____ %	
☐ Other Transp.	_____ %	
☐ Lodging	_____ %	

	Rate	Per Item
☐ Services, Wholesale and All Other	_____ %	$_____
☐ Education	_____ %	
☐ Healthcare – Office Based Doctors/Dentists	_____ %	
☐ Telecommunications	_____ %	
☐ Independent Gas Station	_____ %	
☐ B2B	_____ %	$_____
☐ B2B Special	_____ %	

****0.30% downgrade will be charged for transactions whenever a CNP (Card Not Present) charge occurs. CNP means a charge for which the card is not presented at the point of purchase (e.g. charges by mail, telephone or Internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.**

TeleCheck

☐ Split Dial ☐ License # ☐ MICR ☐ ECA Warranty ☐ Mail Order ☐ Hold Check ☐ Paper Warranty ☐ C.O.D.

SE Number ___ ___ ___ ___ ___ ___ ___   TeleCheck Rates & Fees ☐ Yes ☐ No

Inquiry Rate _____ %   ACH Processing Fee $ 5.00

Dec. Risk Surcharge .10 %   Client Requested Operator Call (CROC) $ 2.50

Per TXN Fee $_____

ECA Chargeback Fee $ 5.00

Monthly Minimum Fee *(Per Location)* $ 25.00   *(Only charged when entitled with TeleCheck)*

Stmt/Processing Fee $ 5.00   See Agreement for definitions, warranty requirements and any additional fees.

Fleet

Wright Express: Other Item Rate $_____ *(per item)*

Voyager: Qual _____ %   Other Item Rate $_____ *(per item)*

RMS1502(ia)	**I O. SIGNATURE(S)**	RMS1502(ia)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide [Version RMS1502(ia)] and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement, TeleCheck Services Agreement, and the American Express Card Acceptance Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the TeleCheck Services Agreement and American Express Card Acceptance Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes FDMS and BANK and their Affiliates (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for FDMS to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the FDMS servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.

Client's Business Principal/Officer:

Signature **X** _____ Title _____ Signature **X** _____

Print Name of Signer _____ Date _____ Print Name of Signer _____

Signature **X** _____ Title _____ Title _____ Date _____

Print Name of Signer _____ Date _____

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after revoked in writing.

Signature **X** _____ Print Name/Title: _____ Date _____
Authorized Signature on TeleCheck Account for ACH

Personal Guarantee: The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, TeleCheck Services Agreement, and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement, the American Express Card Acceptance Agreement, TeleCheck Services Agreement, and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee

Signature **X**_____ Print Name:_____ Date _____

Personal Guarantee

Signature **X**_____ Print Name:_____ Date _____

Accepted By First Data Merchant Services Corporation   **Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598**

Signature **X**_____   Signature **X**_____

Title _____ Date _____   Title _____ Date _____