

950 North Point Parkway, Suite 400 Alpharetta, GA 30005 Tel:855-452-7135

**Merchant Application and Agreement**

Merchant #: \_\_\_\_\_

MCC: \_\_\_\_\_

MERCHANT NAME (DBA or Trade Name)	CORPORATE/LEGAL NAME (if different)
-----------------------------------	-------------------------------------

LOCATION ADDRESS	CORPORATE ADDRESS (if different)
------------------	----------------------------------

CITY	STATE	ZIP	CITY	STATE	ZIP
------	-------	-----	------	-------	-----

CONTACT NAME	CONTACT EMAIL ADDRESS	CONTACT TELEPHONE	FAX NUMBER	FEDERAL TAX ID#
--------------	-----------------------	-------------------	------------	-----------------

DOES THIS LOCATION CURRENTLY ACCEPT PAYMENT CARDS <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide the reason for leaving current processor): _____	HAS MERCHANT OR OWNERS/PRINCIPALS EVER BEEN TERMINATED FROM ACCEPTING PAYMENT CARDS FROM ANY PAYMENT NETWORK FOR THIS BUSINESS OR ANY OTHER BUSINESS? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain reason for termination): _____
---	---

<b>TYPE OF BUSINESS:</b> <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC State: _____ <input type="checkbox"/> Non-Profit (provide evidence of 501(c)(3) status) <input type="checkbox"/> Private <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Government Length of time in business: _____ Years _____ Months	<b>NATURE OF BUSINESS:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Retail w/tip <input type="checkbox"/> Mail/Phone Order <input type="checkbox"/> Internet <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Lodging <input type="checkbox"/> QSR <input type="checkbox"/> Convenience <input type="checkbox"/> Public Sector <input type="checkbox"/> Petroleum <input type="checkbox"/> Utility <input type="checkbox"/> Health Care Merchant <input type="checkbox"/> Other: _____ Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please circle high volume months: <b>J F M A M J J A S O N D</b>
---	--

Product or Service being offered: _____ Equipment Information: Does the merchant use Software or a Terminal (circle one)? If a terminal, what type: _____ If Software, what is the <b>Payment Application Name</b> : _____ If Software, what is the <b>version</b> of the Payment Application in use: _____	Merchant Name to appear on consumer statement: <input type="checkbox"/> DBA Name <input type="checkbox"/> Legal Name Other: _____
--	--

<b>Method of Acceptance:</b> (Totals to equal 100%) Credit Cards Swiped: _____% MO/TO: _____% Key Entered: _____% Internet: _____% URL: _____%	*Merchants processing less than 75% swipe transactions must complete the MO/TO Questionnaire (over) Monthly Payment Card Volume: \$ _____ American Express Volume: \$ _____ Average Ticket: \$ _____ High Ticket: \$ _____
--	---

**MO/TO QUESTIONNAIRE: COMPLETE THIS SECTION IF PROCESSING LESS THAN 75% CARD-PRESENT TRANSACTIONS:**

What percentage of sales are to: Business Consumers \_\_\_\_\_% Individual Customers \_\_\_\_\_%

Method of Marketing:  Newspaper/Magazine  Television/Radio  Internet  Direct Mail, Brochure and/or Catalog  Outbound Telemarketing Sales  Other: \_\_\_\_\_

Percentage of products sold via: Telephone Orders \_\_\_\_\_% Mail/Fax Orders \_\_\_\_\_% Internet orders \_\_\_\_\_% Other: \_\_\_\_\_%

Who processes the order?  Merchant  Fulfillment Center  Other: \_\_\_\_\_

Who enters credit card information into the processing system?  Merchant  Fulfillment Center  Consumer  Other \_\_\_\_\_

If credit card payment information is taken over the Internet, is payment channel encrypted by SSL or better?  No  Yes if yes, please provide the following:  
 Merchant Certificate Number \_\_\_\_\_ Certificate Issuer \_\_\_\_\_ Exp Date \_\_\_\_\_ Is Certificate  Individual  Shared

Do you own the product/inventory?  Yes  No Is the product stored at your business location?  Yes  No If No, where is it stored? \_\_\_\_\_

After charge authorization, how long until product ships? \_\_\_\_\_ days Who ships the product?  Merchant  Fulfillment Center

Product shipped by:  U.S. Mail  Other \_\_\_\_\_ Delivery receipt requested?  Yes  No

DOES MERCHANT USE AN INDEPENDENT SERVICER THAT STORES, MAINTAINS OR TRANSMITS CARDHOLDER INFORMATION:	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide information below)
NAME: _____ PHONE NUMBER: _____	
DOES MERCHANT USE A FULFILLMENT HOUSE TO FULFILL PRODUCT:	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide information below)
NAME: _____ PHONE NUMBER: _____	
HAVE MERCHANT OR OWNERS/PRINCIPALS EVER FILED BUSINESS BANKRUPTCY and/or PERSONAL BANKRUPTCY	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain below)
Explanation: _____	

**BANK DISCLOSURE:**

Member Bank Information: **Merrick Bank, 135 Crossways Park Drive North, Woodbury, NY 11797 • Phone (800) 328-9155**

Important Bank Responsibilities:

- Merrick Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- Merrick Bank is responsible for educating merchants on pertinent Visa and MasterCard Network Rules with which Merchants must comply.
- Merrick Bank, not the ISO, must hold, administer and control all reserve funds derived from settlement.
- Merrick Bank, not the ISO must hold, administer and control settlement funds for Merchant.
- Merrick Bank must be a party to the Agreement.

Merchant Information: Refer to this Merchant Application above.

Important Merchant Responsibilities:

- Complying with Cardholder data security and storage requirements.
- Maintaining fraud and Chargebacks below established thresholds.
- Reviewing and understanding the Agreement.
- Complying with the Network Rules.

The responsibilities listed above do not supersede terms of the Agreement and are provided to ensure Merchant understands some important obligations of each party that Merrick Bank, as the member bank, is the ultimate authority should Merchant have any problems.

Merchant Name: \_\_\_\_\_

Merchant Signature & Title: \_\_\_\_\_ SIGN HERE Date: \_\_\_\_\_

**PRINCIPALS/BENEFICIAL OWNERS:**

Principal/Beneficial Owner #1 Name:

First: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ DL# / State\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal/Beneficial Owner #2 Name:

First: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ DL# / State\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal/Beneficial Owner #3 Name:

First: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ DL# / State\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal/Beneficial Owner #4 Name:

First: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ DL# / State\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

Controlling Position/Beneficial Owner Name:

First: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ SSN: \_\_\_\_\_ Controlling Interest:  Yes  No

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ DL# / State\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

*\*Driver's License is only required for person(s) signing the Merchant Application*

**SITE INSPECTION:**

Merchant:  Owns  Rents (Landlord: \_\_\_\_\_)  
Building Type:  Shopping Center  Office Building  Industrial Building  Residence  
Area Zoned:  Commercial  Industrial  Residential  
Square Footage:  0-500  501-2500  2501-5000  5001-10000+

Based upon ISO's review, does Merchant have the appropriate facilities, equipment, inventory, personnel and license or permit to operate their business?  No  Yes

Comments: \_\_\_\_\_

\* By signing below, inspector is certifying he/she has visited the location and information provided is true and correct

Inspector Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Signature: \_\_\_\_\_


You, as Merchant, have the option of accepting MasterCard credit cards, Visa credit cards, American Express credit cards, credit cards issued by the Discover® Network, MasterCard signature debit cards (MasterMoney Cards) or Visa signature debit cards (Check Cards), or debit cards issued by the Discover Network. Merchant may elect to accept any or all of these card types for payment. If Merchant does not specifically indicate otherwise, the Merchant Application will be processed to accept ALL MasterCard, American Express, Discover Network, and Visa card types.  
  
Elected Visa, Discover Network, American Express or MasterCard Card types NOT to accept:  
  
\_\_\_\_\_

**BANK ACCOUNT INFORMATION:**  Checking Account  Savings Account Bank Name: \_\_\_\_\_ Attach voided check for the Account where funds are to be deposited

Transit # (ABA Routing): \_\_\_\_\_ Account # (DDA) : \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* By providing the above referenced information, you are authorizing Bank to initiate ACH debit and credit transactions to said account

**CONTINUING PERSONAL GUARANTY PROVISION ("GUARANTY") – PERSONAL GUARANTOR (Capitalized terms not defined in this Guaranty have the meanings set forth below in the Terms and Conditions)**

By signing below, each individual or entity ("Guarantor") jointly and severally (if there is more than one Guarantor) and unconditionally guarantees to ISO and Bank the prompt payment and full and complete performance of all obligations of Merchant identified above under the Agreement, as amended from time to time, including, without limitation, all promises and covenants of the Merchant, and all amounts payable by Merchant under the Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorneys' fees and court costs. This Guaranty means, among other things, that ISO or Bank can demand performance or payment from any Guarantor if Merchant fails to perform any obligation or pay any amount Merchant owes under the Agreement. Each Guarantor agrees that his or her liability under this Guaranty will not be limited or canceled because: (1) the Agreement cannot be enforced against Merchant for any reason, including, without limitation, the initiation of bankruptcy proceedings; (2) either ISO or Bank agrees to changes or modifications to the Agreement, with or without notice to Guarantor; (3) ISO or Bank releases any other Guarantor or Merchant from any obligation under the Guaranty or Agreement, as applicable; (4) any Law affects the rights of either ISO, Merchant, or Bank under the Agreement; and/or (5) anything else happens that may affect the rights of either ISO or Bank against Merchant or any other Guarantor. Each Guarantor further agrees that: (a) ISO and Bank each may delay enforcing any of their rights under this Guaranty without losing such rights; (b) ISO and Bank each can demand payment from such Guarantor without first seeking payment from Merchant or any other Guarantor or from any security held by Bank; and (c) such Guarantor will pay all court costs, attorneys' fees, and collection costs incurred by either ISO or Bank in connection with the enforcement of the Agreement or this Guaranty, whether or not there is a lawsuit, and such additional fees and costs as may be directed by a court. If Merchant is a corporation, limited liability company, partnership or other entity, this Guaranty must be executed by a principal of Merchant.

Principal #1: \_\_\_\_\_  Principal #2: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES  
FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

**MERCHANT APPLICATION AND AGREEMENT ACCEPTANCE (Capitalized terms not defined in this Acceptance Section have the meanings set forth below in the Terms and Condition)**

By executing this Merchant Application ("Merchant Application"), on behalf of the merchant described above ("Merchant"), the undersigned authorized individual(s) each, jointly and severally, represents, warrants, acknowledges and agrees that: (i) all information supplied by Merchant to ISO and Merrick Bank Corporation ("Bank") and contained in this Merchant Application is true, correct and complete as of the date of this Merchant Application; (ii) if Merchant is a corporation, limited liability company, or partnership, the individual(s) executing this Merchant Application have the requisite legal power and authority to complete and submit this Merchant Application on behalf of Merchant and to make and provide the acknowledgements, authorizations and agreements set forth herein on behalf of Merchant and individually and to bind Merchant to the terms of this Merchant Application, the Guaranty and the attached Terms and Conditions, as may be amended from time to time (collectively, the "Agreement"); (iii) the information contained in this Merchant Application is provided for the purpose of obtaining, or maintaining, a merchant account for Merchant with the Bank and Bank and ISO will rely on the information provided herein in its approval process and in setting the applicable discount rate, approved average ticket, and approved monthly Card volume; (iv) Bank is authorized to investigate, either through its own agents or through credit bureaus/agencies, the credit of Merchant and each person listed on this Merchant Application; (v) Bank will determine all rates, fees and charges and notify Merchant of the approved fees and by Merchant's submission and acceptance of Merchant's first settled transaction, Merchant agrees to pay such fees in accordance with the terms of the Agreement; (vi) the Agreement will not take effect until Merchant has been approved by Bank and a merchant identification number has been issued to Merchant; and (vii) Merchant and the undersigned have received, read and understood the Agreement, and Merchant agrees to be bound by the terms of the Agreement. Merchant acknowledges that this Agreement is being submitted to Bank, as the member bank of the Card Networks, and ISO is also a party to this Agreement. Merchant acknowledges that ISO will rely on the representations and warranties set forth in this Agreement and unless otherwise specified or prohibited by the Network Rules or Law, ISO will have certain rights under this Merchant Application and Agreement.

By checking this box, Merchant opts out of receiving future commercial marketing communications from American Express.

**MERCHANT:**

Principal #1: \_\_\_\_\_   
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal #2: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title \_\_\_\_\_

**ISO:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title \_\_\_\_\_

**CERTIFICATION OF BENEFICIAL OWNER(S)**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

By signing below, I attest that I have accurately provided the name, address, date of birth and Social Security Number (SSN) for the following individuals (i.e. the **beneficial owners**):

- (i) Each individual, if any, who owns directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

I, the undersigned \_\_\_\_\_, certify that all of the information furnished above with regard to information for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above is complete and accurate.

Signature: \_\_\_\_\_  Date: \_\_\_\_\_



Merchant Business Name: \_\_\_\_\_

**Merrick Bank Schedule A of Rates & Fees**

<p><b>Visa/MC Discover Processing Costs:</b> Payment Network Interchange and online debit network costs will be charged in addition to:</p> <p style="text-align: center;">BP +      Per Item</p> <p>Interchange Plus _____ \$ _____</p> <p>Pass through fees include Interchange, Dues and Assessments and card branding fees.</p>	<p><b>American Express Opt Blue:</b> Payment Network Interchange and association costs will be charged in addition to:</p> <p style="text-align: center;">Discount      Per Item</p> <p>Qualified _____% \$ _____</p> <p>NonQualified _____% \$ _____</p> <p style="text-align: center;">BP +      Per item</p> <p>Interchange Plus _____ \$ _____</p>
<p><b>Visa/MC /Discover Tiered Processing Costs:</b></p> <p style="text-align: center;">Discount      Per Item</p> <p>Qualified _____% \$ _____</p> <p>Mid-Qualified _____% \$ _____</p> <p>Non-Qualified _____% \$ _____</p> <p>Flat Rate _____% \$ _____</p> <p>Pass through fees include, Dues and Assessments and card branding fees.</p>	<p><b>PIN Debit Interchange Plus:</b> Payment Network Interchange and association costs will be charged in addition to:</p> <p style="text-align: center;">BP +      Per Item</p> <p>Interchange Plus _____ \$ _____</p> <p>PIN Debit Flat Rate _____ Per Item \$ _____</p> <p>EBT Per Trans Fee \$ _____</p>

**Other Recurring Fees**

Monthly Minimum \$	Monthly PCI Fee \$	Visa/MC/Discover Transaction Fee \$
Monthly Customer Svs Fee \$	Non PCI Compliance Fee \$	Amex Transaction Fee \$
IRS Regulatory Fee \$	EMV Residency Fee (per device)\$	Pin Debit Transaction Fee \$
Annual Fee \$	Non EMV Compliance \$	Voice Per Auth Fee \$
Merchant Online Portal Reporting \$	Early Termination Fee \$	EMV Transaction (per device) \$
Mandatory Website Monitoring \$	Application Fee \$	Batch/Settlement Fee \$
Merlink Chargeback \$	Excessive Help Desk Calls \$	AVS Fee (Address Verification Service) \$

**Equipment Recurring Fees**

Multipass Set up Fee \$	Multipass Gateway Monthly Fee\$	Multipass Per Trans Fee \$
EnsureBill Set up Fee \$	EnsureBill Monthly Fee \$	EnsureBill Update Per Item Fee\$
Wireless/Mobile Set up Fee\$	Monthly Wireless/Mobile Fee\$	Wireless/Mobile Per Trans Fee\$
Gateway Set up Fee \$	Gateway Monthly Fee \$	Gateway Per Trans Fee \$
ROAMPAY Mobile App \$	ROAMPAY TRANS FEE \$	Dejavoo Terminal (1 <sup>st</sup> Terminal) \$
Dejavoo Additional Terminal \$		

**Optional Products or Services Fees**

*Below charges are billed by the vendor directly and will not appear on your merchant processing statement*

Vendor	Setup Fee	Monthly	Per Item/Per Trans Fee
Shopfast Rest POS			
Shopfast Retail POS			
Shopfast Ecommerce			
Shopfast Mobile			

**Fee Disclosures**

**Program Pricing**

Visit the following links for a breakdown of Interchange Rates and Fees charged by Visa®, MasterCard®, Discover Network® and American Express®:

**Visa:** <http://usa.visa.com/merchants/merchant-support/interchange-reimbursement-fees.jsp>

**MasterCard:** <http://www.mastercard.us/merchants/interchange.html>

**Discover:** <http://www.discovernetwork.com/merchants/FAQ/merchants-faq.html>

**AXP:** <http://www.americanexpress.com/merchantopguide>

**Other Fees**

Chargeback .....	\$25.00 per chargeback
Chargeback Reversals .....	\$15.00 per reversal
Chargeback Retrieval .....	\$15.00 per retrieval
Chargeback Pre-Arbitration .....	\$60.00 Pre-Arbitration
Visa Fixed Acquirer Network Fee (FANF) .....	Variable (dependent on classifications)
Per ACH Reject Fee .....	\$25.00

\_\_\_\_\_  
Authorized Merchant Signature

\_\_\_\_\_  
Date

# Mail Order/Internet Questionnaire

COMPLETE THIS SECTION IF PROCESSING LESS THAN 75% CARD-PRESENT

What percentage of sales are to: Business Consumers \_\_\_\_ % Individual Customers \_\_\_\_ %

Method of Marketing: \_\_ Newspaper/Magazine \_\_ Television/Radio \_\_ Internet \_\_ Direct Mail,

Brochure and/or Catalog \_\_ Outbound Telemarketing Sales \_\_ Other: \_\_\_\_\_

Does your Business have a retail location \_\_ Yes \_\_ No

Percentage of products sold by: Telephone Orders \_\_\_\_ % Mail/Fax Orders \_\_\_\_ % Internet orders \_\_\_\_ %

Who processes the order? \_\_ Merchant \_\_ Fulfillment House \_\_ Consumer \_\_ Other: \_\_\_\_\_

If credit card payment information is taken over the Internet, is payment channel encrypted by SSL or better? \_\_ No \_\_ Yes if yes, please provide the following:

Merchant Certificate Number \_\_\_\_\_ Certificate Issuer \_\_\_\_\_

Exp. Date \_\_\_\_\_ Is Certificate \_\_ Individual \_\_ Shared

Do you own the product/Inventory? \_\_ Yes \_\_ No

Is the product stored at your business location? \_\_ Yes \_\_ No If No, where is it stored?

\_\_\_\_\_ (provide address)

When is the customer charged? \_\_ Time of order \_\_ Upon Shipment

After charge authorization, how long until product ships? \_\_ 1-7 days \_\_ 8-14 days \_\_ 14+ days

Who ships the product? \_\_ Merchant \_\_ Fulfillment Center

Product shipped by: \_\_ U.S. Mail \_\_ Other \_\_\_\_\_

Delivery receipt requested? \_\_ Yes \_\_ No

Do you sell \_\_ Nationally \_\_ Locally

How Many Chargebacks did you have for the previous year? \_\_\_\_\_

What was the total dollar amount of those chargebacks? \$ \_\_\_\_\_

Describe your refund policy \_\_\_\_\_



### Sales Equipment and Setup Form

Merchant Information		Shipping Information-only fill out if shipping Address is different			
MID:		Company Name:			
DBA Name:		Attn:			
DBA Address:		Address:			
City, State, Zip:		City, State & Zip:			
Email:		Phone Number:			
Equipment Information					
Manufacturer	Mode #	Description	Price	Qty	Deployment Request
					<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Reprogram
					<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Reprogram
					<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Reprogram
					<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Reprogram
					<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Reprogram
Primary Communication	<input type="checkbox"/> IP/Ethernet <input type="checkbox"/> Wireless <input type="checkbox"/> Wi-Fi				
Terminal Program Specs	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Quick Serve <input type="checkbox"/> Keyed <input type="checkbox"/> EBT <input type="checkbox"/> Debit <input type="checkbox"/> Tip Prompt <input type="checkbox"/> Tip Adjust				
	<input type="checkbox"/> Auto Batch Time _____ <input type="checkbox"/> AM or <input type="checkbox"/> PM				
Special Instructions					
Gateway Setup Options <input type="checkbox"/> New Setup <input type="checkbox"/> Stage Only/Program Sheet					
<input type="checkbox"/> Securepay <input type="checkbox"/> Paytrace <input type="checkbox"/> NMI-Mobile <input type="checkbox"/> Authorize.net <input type="checkbox"/> EPN \$ _____ Setup \$ _____ Monthly \$ _____ Per item					
<input type="checkbox"/> Other Must provide PC Software or Gateway Name _____ Version _____					
Delivery Method	<input type="checkbox"/> Ground <input type="checkbox"/> 2 <sup>nd</sup> day <input type="checkbox"/> Overnight <input type="checkbox"/> Saturday Delivery <small>Shipping fees and all applicable State and Local Taxes will be applied. Shipping Fee will be determined by current UPS cost to eVance plus 25% handling.</small>				
Direct ACH Payment	<input type="checkbox"/> Agent Bank Account <input type="checkbox"/> Merchant Bank Account Confirm last 4 digits of Bank Act# _____ <b>Copy of check is required</b>				
Credit Card Payment	Name on Card _____ Credit Card Number _____ Exp. Date _____ Sec. Code _____ Billing Street _____ City _____ State _____ Zip _____				
Purchase Sub Totals	Equipment Total \$ _____ Prog/Encryption \$ _____ Shipping \$ _____ Sales Tax \$ _____				
Payment Option	Purchase Total \$ _____ <input type="checkbox"/> Pay in Full <input type="checkbox"/> Payment Plan \$ _____ a month for _____ # of months				

By signing below, I hereby Authorize eVance, Inc. or its assignee, hereinafter called Company, to initiate debits to my (our) checking or savings accounts, credit card or add additional fees to merchant statement. I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that delivery times may vary based on order time, location and or weather. I acknowledge the total charge to my account will include the cost of equipment and encryption/programming as well as applicable shipping and sales tax.

Signature: \_\_\_\_\_  Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Sales Office # \_\_\_\_\_

Return completed and signed forms to: choose option

Fax: 866-799-2403

Email: support@evanceprocessing.com

Mail: PO Box 1101 Alpharetta, GA 30009