

# MERCHANT PROCESSING APPLICATION



Agent Code \_\_\_\_\_ Merchant # \_\_\_\_\_ Sales Rep Signature: \_\_\_\_\_

Print Sales Rep Name: \_\_\_\_\_ Sales Rep Phone #: \_\_\_\_\_

## BUSINESS INFORMATION

Legal Business Name: \_\_\_\_\_

Business DBA Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing (d.b.a.) Address (if different from Corporate): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ State of Inc.: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Current Previous Processor:  
 Yes  N/A *If Yes, please attach 3 months most recent processing statements.*

Monthly Bancard Sales:	Total Monthly Sales:	Avg. credit card trans. amount
\$ _____	\$ _____	\$ _____

In Store/Card Present: \_\_\_\_\_% Credit Card Keyed (Internet): \_\_\_\_\_%

Credit Card Keyed (MOTO): \_\_\_\_\_% Credit Card Keyed w/imprint: \_\_\_\_\_%

**Total = 100%**

Products / Services are delivered in:

0 - 7 Days	15 - 30 Days
_____%	_____%
8 - 14 Days	Over 30 Days
_____%	_____%
<b>Total = 100%</b>	

Have you or any principals of your company been previously terminated by another credit card processor or Bank for Visa, MC or Discover® Network?  
 Yes  No If Yes, Reason: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Seasonal Sales:  Yes  No High Volume Months: \_\_\_\_\_

## OWNERSHIP INFORMATION

Ownership Type: \_\_\_\_\_ Federal Tax ID # (9 digits): \_\_\_\_\_

Sole Proprietor  Partnership  Corporation  Other: \_\_\_\_\_

Owner 1 / Partner / Officer Name:	Title in Business:	Date of Birth:	Equity Ownership %	Social Security Number:
_____	_____	_____	_____%	_____
Home Address:	City:	State:	Zip:	Phone Number:
_____	_____	_____	_____	_____
Owner 2 / Partner / Officer Name:	Title in Business:	Date of Birth:	Equity Ownership %	Social Security Number:
_____	_____	_____	_____%	_____
Home Address:	City:	State:	Zip:	Phone Number:
_____	_____	_____	_____	_____

## REFERENCES

Landlord Name:	Contact Name:	Phone:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
_____	_____	_____	_____
Landlord Address:	City:	State:	Zip:
_____	_____	_____	_____
Bank Name:	Date Relationship Started:	Phone:	Account #:
_____	_____	_____	_____
Bank Address:	City:	State:	Zip:
_____	_____	_____	_____
Trade Reference # 1 Name:	Trade Contact Name:	Phone:	Product / Service:
_____	_____	_____	_____
Address:	City:	State:	Zip:
_____	_____	_____	_____
Trade Reference # 2 Name:	Trade Contact Name:	Phone:	Product / Service:
_____	_____	_____	_____
Address:	City:	State:	Zip:
_____	_____	_____	_____

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## EQUIPMENT / DOWNLOAD INFORMATION

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Manufacturer:	Model	Printer	PIN Pad	Are we reprogramming existing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hypercom	_____	_____	_____	Terminal Application Type: _____
<input type="checkbox"/> Verifone	_____	_____	_____	AVS Prompt: <input type="checkbox"/> Yes <input type="checkbox"/> No ATM Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lipman/Nurit	_____	_____	_____	Call Waiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Close: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PC Software	_____	_____	_____	PBX Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
<input type="checkbox"/> Gateway	_____	_____	_____	Shared Line: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	_____	_____	_____	

# MERCHANT PROCESSING APPLICATION

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

Agent Code

**\*\*MUST INCLUDE A COPY OF A VOID CHECK OR BANK LETTER WITH SUBMISSION OF THIS APPLICATION\*\***

Transit (Routing/ABA) #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

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## SCHEDULE OF FEES

Visa/MasterCard/Discover Network Discount Rate for Qualified Transactions Visa/MC/Discover Network dues, assessments, access and branding fees passed through at cost		Transaction Fee: (Local / 950) \$ _____	Annual Fee:
<input type="checkbox"/> Card Present %	<input type="checkbox"/> Card Not Present: %	Voice Authorization: <b>\$2.00</b> per occurrence	Retrieval Request: <b>\$15.00</b> per occurrence
		Batch Header: _____ per transaction	Chargeback: <b>\$25.00</b> per occurrence
		EBT #: _____ EBT Transaction Fee: \$ _____	
		ACH Reject Fee <b>\$10.00</b>	Address Verification Service <b>\$0.12</b>
Statement Fee: \$ _____ per month	Minimum Discount: _____	<input type="checkbox"/> Merchant Club: <b>\$11.95</b>	Wireless Activation Fee: <b>\$49.95</b>
		E-Commerce Activation Fee: <b>\$49.95</b>	
Application Fee: \$ _____ (Non-refundable)	PIN Debit Transaction Fee: \$ _____	Wireless Access Fee: <b>\$25.00</b>	E-Commerce Access Fee: <b>\$25.00</b>

## OTHER ENTITLEMENTS

<b>American Express:</b> \$ _____ (per item) (Rates Determined by American Express)	<b>Discover Network:</b> \$ _____ (per item)	<b>JCB:</b> \$ <b>0.25</b> (per item)
Existing #: _____	Existing #: _____	Existing #: _____

## SITE VISITATION FORM

What does the business sell? \_\_\_\_\_

<b>External Facility</b> Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Location: <input type="checkbox"/> Mall <input type="checkbox"/> Apartment <input type="checkbox"/> Office <input type="checkbox"/> Isolated <input type="checkbox"/> District <input type="checkbox"/> Shopping Area <input type="checkbox"/> Home <input type="checkbox"/> Other Building Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+		<b>Internal Facility</b> Condition of Equipment: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Merchandise On Display: <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2000 <input type="checkbox"/> 2001 +		<b>Operation Environment</b> # of Registers: _____ # of Employees: _____ Refund Policy: <input type="checkbox"/> Store Credit <input type="checkbox"/> Cash Refund <input type="checkbox"/> Exchange Card sales are processed at: <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Delivery License Visibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>TeleCheck</b> <input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> Warranty <input type="checkbox"/> ECA SE Number: _____ <b>TeleCheck Rates &amp; Fees:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Inquiry Rate _____ % December Risk Surcharge <b>.10</b> % Per TXN Fee \$ _____ Monthly Minimum Fee (per location) <b>\$ 25.00</b> ACH Processing Fee <b>\$ 5.00</b> Client Requested Operator Call (CROC) <b>\$ 2.50</b> ECA Chargeback Fee <b>\$ 5.00</b> (Only charged when entitled with TeleCheck)	
<b>Mail / Telephone Order Environment</b> Merchant Accepts MO/TO: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Card Not Present Addendum attached to this application.				<b>Fleet</b> <b>Wright Express</b> Qual _____ % Other Item Rate \$ _____ (per item)			
Sales Rep Signature: _____ Date: _____				<b>Voyager</b> Qual _____ % Other Item Rate \$ _____ (per item)			

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## SIGNATURES

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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 FTSWF1206) and Confirmation Page, which is part of this Merchant Processing Application, and by this reference incorporated herein. 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 Business Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes Financial Transaction Services, LLC and Wells Fargo Bank, N.A. ("Bank") and their agents 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 names in this Merchant Processing Application. Client authorizes Financial Transaction Services, LLC and BANK and their agents (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. It is our policy to obtain certain information in order to verify your identity while processing your account application.

If information is provided in the "New Entitlements" section of the Merchant Application, then the following shall apply:





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 Financial Transaction Services, LLC 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 Financial Transaction Services, LLC 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 Financial Transaction Services, LLC 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 Financial Transaction Services, LLC 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 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 Financial Transaction Services, LLC and Bank.**

**Client's Business Principal/Officer:**

Signature 	Title _____	Signature 	Title _____
Print Name of Signer _____	Date _____	Print Name of Signer _____	Date _____
Signature 	Title _____	Title _____	Date _____
Print Name of Signer _____	Date _____		

**Personal Guarantee:** The undersigned guarantees to Financial Transaction Services, LLC and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. Financial Transaction Services, LLC 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 Financial Transaction Services, LLC and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

Personal Guarantee Signature 	Print Name: _____	Date _____
Personal Guarantee Signature 	Print Name: _____	Date _____
<b>Accepted by Financial Transaction Services, LLC</b>	<b>Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598</b>	
Signature 	Signature 	
Title _____	Title _____	Date _____

Please read the **Merchant Processing Program Guide** in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your discount rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover Network. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Card Processing Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons** why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 10.
4. **If you dispute any charge or funding**, you must notify us within 45 days of the date of the statement where the charge or funding appears or should have appeared.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20.
6. **We have assumed certain risks** by agreeing to provide you with Card processing. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest).
7. **By executing this Agreement with us** you are authorizing us to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you may be responsible for the payment of early termination fees as set forth in Section 35, Additional Fee Information.

#### 9. Association Disclosure

##### Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

##### Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

##### Important Merchant Responsibilities:

- a) Ensure compliance with cardholder data security and storage requirements.
- b) Maintain fraud and chargebacks below Association thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Association rules.

Print Client's Business Legal Name: \_\_\_\_\_

By its signature below, Client acknowledges that it received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [Version FTS1206(ia)] consisting of 28 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

[www.ftservice.com](http://www.ftservice.com)

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED AND, IF MADE, ANY SUCH ALTERATIONS OR STRIKE-OUTS SHALL NOT APPLY.**

#### Client's Business Principal:

Signature (Please sign below):

**X**

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_ Please Print Name of Signer