MERCHANT PROCESSING APPLICATION

cardconnect

Agent Code

Merchant # _____   Sales Rep Signature: _____

Print Sales Rep Name: _____   Sales Rep Phone #: _____

BUSINESS INFORMATION

Legal Business Name:	**Business Start Date:** / **State of Inc.:** / **Type of Business:**
Business DBA Name:	**Current Previous Processor:** ☐ Yes ☐ N/A *If Yes, please attach 3 months most recent processing statements.*
Corporate Address:	**Monthly Bancard Sales:** / **Total Monthly Sales:** / **Avg. credit card trans. amount**

City: _____ **State:** ____ **Zip:** ____

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

Contact Name: _____ **Phone Number:** _____ **Fax Number:** _____

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

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

Credit Card Keyed (MOTO): _____%   Credit Card Keyed w/imprint: _____%

Total = 100%

City: _____ **State:** ____ **Zip:** ____

Products / Services are delivered in:

0 - 7 Days _____%   15 - 30 Days _____%

Website:

8 - 14 Days _____%   Over 30 Days _____%

Total = 100%

Email:

Have you or any principals of your company been previously terminated by another credit card processor or Bank for Visa, MC, Discover® Network or American Express OnePoint?

Contact Name: _____ **Phone Number:** _____ **Fax Number:** _____

☐ Yes   ☐ No   If Yes, Reason:

Do you use any third party to store, process or transmit cardholder data? ☐ Yes ☐ No
If yes, give name/address:

_____   **Termination Date:** _____

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

Seasonal Sales: ☐ Yes ☐ No   **High Volume Months:** _____

OWNERSHIP INFORMATION

Ownership Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other: _____

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 IV, Section A.4 of your Program Guide for further information.)

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:	☐ Own ☐ 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:

CardCo1603(ia)

EQUIPMENT / DOWNLOAD INFORMATION

CardCoWF1603(ia)

Manufacturer:	Model	Printer	PIN Pad
☐ Hypercom	_____	_____	_____
☐ Verifone	_____	_____	_____
☐ Lipman/Nurit	_____	_____	_____
☐ PC Software	_____	_____	_____
☐ Gateway	_____	_____	_____
☐ Other	_____	_____	_____

Are we reprogramming existing equipment? ☐ Yes ☐ No

Terminal Application Type: _____

AVS Prompt: ☐ Yes ☐ No   ATM Debit: ☐ Yes ☐ No

Call Waiting: ☐ Yes ☐ No   Auto Close: ☐ Yes ☐ No

PBX Used: ☐ Yes ☐ No   Time: _____

Shared Line: ☐ Yes ☐ No

CardConnect is a registered ISO/MSP of Wells Fargo Bank, N.A.

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 #:_____   **Page 2 of _____**

| CardCo1603(ia) | **SERVICE FEE SCHEDULE** | CardCoWF1603(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)*

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

American Express ESA/Pass Through SE #: _____   JCB SE #: _____   **Voice AVS Fee** $_____ *(Per Item)*

ARU Fee $_____ *(Per Item)*

*American Express will charge either a Flat Fee of $7.95 or a Discount Rate and Transaction Fee directly to the merchant.

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	$_____
eMerchantView Access Fee	$_____
Customer Service Fee	$_____
Debit Access Fee	$_____
eIDS	$_____
Supplies:	
_____	$_____
Other:	
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

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

EBT – Food Stamps $_____ *(Per Item)* #:_____   EBT – Cash Benefits $_____ *(Per Item)*   Other: _____ $_____   Annual Fee $_____

MC Other Item Rate $_____	Visa Other Item Rate $_____	Discover Network Other Item Rate $_____	Amex OnePoint Other Item Rate $_____	Amex OnePoint Other Volume _____%
JCB Other Item Rate $_____	Minimum Monthly Fee $_____	Monthly Statement Fee $_____ *(Acct on File)*		Pass Visa Transaction Integrity Fee ☐Yes ☐No

Visa Network Participation Fee (NPF) ☐Yes ☐No   Visa NPF Card Present Surcharge $_____   Visa NPF Card Not Present Surcharge $_____

Pass Visa Acq 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 Visa Acq ISA Fee ☐Yes ☐No	Pass MC Acq Support Fee ☐Yes ☐No	Pass MC Cross Border Fee ☐Yes ☐No	Pass MC Nat'l Acquirer Brand Usage (NABU) Fee ☐Yes ☐No
Pass MC Proc Integrity Fee ☐Yes ☐No	Pass Discover Int'l Proc 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	**Visa Acceptance**	**Discover Network Acceptance**
☐ Accept MC Credit Transactions *only*	☐ Accept Visa Credit Transactions *only*	☐ Accept Discover Network Credit Transactions *only*
☐ Accept MC Non-PIN Debit Trans. *only*	☐ Accept Visa Non-PIN Debit Trans. *only*	☐ Accept Discover Network Non-PIN Debit Trans. *only*

See Section 1.9 of the Program Guide for details regarding limited acceptance.

☐ **Discount Collected** ☐ Daily ☐ Monthly

TIN/TFN & Regulatory Product Fees

Reg. Product Fee $ 3.50 (Monthly)

TIN/TFN Invalid $_____ (Monthly)

PCI noncomp. $ 19.95

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)*

Agent Code

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

Transit (Routing/ABA) #:_____ Checking Account #:_____ Page 3 of _____

CardCo1603(ia)			CardCoWF1603(ia)

SERVICE FEE SCHEDULE CON'T

American Express OnePoint

	Rate	Per Item		Rate	Per Item		Rate	Per Item
☐ Retail**	_____%	$_____	☐ Lodging	_____%		☐ Independent Gas Station	_____%	
☐ Restaurant**	_____%	$_____	☐ Services, Wholesale and All Other	_____%	$_____	☐ B2B	_____%	$_____
☐ Fast Food Restaurant	_____%		☐ Education	_____%		☐ B2B Special	_____%	
☐ Mail Order & Internet	_____%		☐ Healthcare – Office Based Doctors/Dentists	_____%		☐ Prepaid Card	_____%	
☐ Supermarkets	_____%					☐ Prepaid Card Supermarket		$_____
☐ Other Transportation	_____%		☐ Telecommunications	_____%				

**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.
An inbound fee of .40% will be applied to any charge made using a card issued by an issuer located outside of the United States.

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	_____%	Statement/Processing Fee	$____**5.00**
Dec. Risk Surcharge	____**.10**%	ACH Processing Fee	$____**5.00**
Per TXN Fee	$_____	Client Requested Operator Call (CROC)	$____**2.50**
Monthly Minimum Fee	$___**25.00** *(Per Location)*	ECA Chargeback Fee *(Only charged when entitled with TeleCheck)*	$____**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)*

SITE VISITATION FORM

What does the business sell? _____

External Facility

Zone:
☐ Business District
☐ Industrial
☐ Residential

Location:
☐ Mall   ☐ Apartment
☐ Office   ☐ Isolated
☐ District   ☐ Shopping Area
☐ Home   ☐ Other

Building Levels:
☐ 1   ☐ 2-4
☐ 5-10   ☐ 11+

Building Condition:
☐ New   ☐ Good
☐ Fair   ☐ Poor

Floor Occupied By Merchant:
☐ Ground ☐ Other

Remaining Floors Occupied By:
☐ Commercial
☐ Residential

Merchant Name Appears:
☐ Window ☐ Door
☐ Store Front

Internal Facility

Condition of Equipment:
☐ New
☐ Good
☐ Fair
☐ Poor

Merchandise On Display:
☐ Yes ☐ No

Square Footage:
☐ 0-250
☐ 251-500
☐ 501-2000
☐ 2001 +

Operation Environment

of Registers: _____

# of Employees: _____

Refund Policy:
☐ Store Credit ☐ Cash Refund
☐ Exchange

Card sales are processed at:
☐ Date of Order
☐ _____
☐ Date of Delivery

License Visibility:
☐ Yes   ☐ No   ☐ N/A

Mail / Telephone Order Environment

Merchant Accepts MO/TO: ☐ Yes ☐ No

If yes, please complete Card Not Present Addendum attached to this application.

Sales Rep Signature:_____   Date: _____

CardCo1603(ia)	**SIGNATURES**	CardCoWF1603(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 CardCo1603(ia)] 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 CardConnect 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 names in this Merchant Processing Application. Client authorizes CardConnect 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.

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 CardConnect 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 CardConnect 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 am able to read and understand the English language. 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 CardConnect 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 CardConnect 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.

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, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

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 CardConnect and Bank.

Client's Business Principal/Officer:

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

Signature **X** _____ Title _____

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 CardConnect and Bank the performance of this Agreement, the Equipment Lease Agreement, the American Express Card Acceptance Agreement, and Telecheck Services Agreement, 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. CardConnect 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 CardConnect 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, 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 through enforcement shall be sought subsequent to any termination.

Personal Guarantee Signature **X** _____ Print Name _____ Date _____

Personal Guarantee Signature **X** _____ Print Name _____ Date _____

Accepted By CardConnect _____   **Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598**

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

Title _____ Date _____   Title _____ Date _____

MERCHANT PROCESSING APPLICATION

Agent Code

[   ]

CARD NOT PRESENT ADDENDUM
MAIL / TELEPHONE ORDER / BUSINESS TO BUSINESS INFORMATION

What % of total sales represent business to business (vs. business to consumer):	**Business to Business** _____% + **Business to Consumer** _____% = **100%** (total sales)
What % of bancard sales represent business to business (vs. business to consumer):	**Business to Business** _____% + **Business to Consumer** _____% = **100%** (bancard sales)

Timeframe from transaction to delivery of product/service:

Percent of orders delivered in: 0-7 days _____% + **8-14 days** _____% + **15-30 days** _____% + **over 30 days** _____% = **100%**

Visa/MasterCard/Discover Network sales are deposited *(check one):*

☐ **Date of Order**   ☐ **Date of Delivery**   ☐ **Other (specify):** _____

Method of Advertising: ☐ **Catalog**   ☐ **Brochure/Direct Mail**   ☐ **TV/Radio**   ☐ **Internet**   ☐ **Phone**
(attach a copy of at least one)   ☐ **Newspaper/Journal**   ☐ **Other (specify):** _____

Who performs product/service fulfillment?   ☐ **Direct**   ☐ **Vendor**   **If Vendor, please provide name, address & phone number:**

Describe how the transaction works from order taking to merchant fulfillment:

What card transaction verification steps do you take to protect your from cardholder misuse? (i.e., address verification, call backs, etc.)

Does any of your cardholder billing involve automatic renewals or recurring transactions? (i.e., cardholder authorizes initial sale only)

☐ **No**   ☐ **Yes**   **If Yes, comments:**

Do you have a website?   ☐ **No**   ☐ **Yes**   **If Yes, please provide website URL: www.**_____

What type of data encryption do you employ to protect cardholder account numbers when they are transmitted over a public data network, from the cardholder to your merchant website?

☐ **SET**   ☐ **SSL (channel encryption)**   ☐ **No encryption used**