

APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: _____	Assoc #: _____	Sales Rep Name: _____	Sales Rep Code: _____	Branch #: (if applicable) _____
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For purposes of this application, "Processor" or "TSYS" is TSYS Business Solutions, LLC, or one of its affiliates, located at 12202 Airport Way, Suite 100 Broomfield, CO 80021 and can be contacted at (800) 654-9256. Additional information can be found on the TSYS-affiliated website, www.TransFirst.com.

1. BUSINESS INFORMATION

Legal Name of Business (25 characters max)		DBA Name (25 characters max)	
Legal Address _____ Suite _____		DBA Address (Physical location, no PO Boxes) _____ Suite _____	
City _____	State _____	ZIP _____	City _____ State _____ ZIP _____
Legal Phone Number _____	Legal Fax Number _____	DBA Phone Number _____	DBA Fax Number _____
Email Address for Notices: _____ (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)			
Customer Service Phone Number _____		Length Owned: _____ Years _____ Months	
Website Address: _____			
Preferred Address for:			
Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address			
Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____			
<input type="checkbox"/> Email Address (TransLink) _____			
Contact Name: _____		Title _____ Phone _____	
Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____		Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____	
Business type: <input type="checkbox"/> Retail <input type="checkbox"/> Retail with Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Utility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Business to Business _____%			
Detailed business description (including description of Products or Services sold). Provide separate pages if needed: _____		MCC / SIC _____	

2. W-9 INFORMATION (Input information as shown on your income tax return.)

Taxpayer Identification Number: (Must be 9 digits) _____		Name (as shown on your income tax return, up to 40 characters) _____	
<input type="checkbox"/> EIN <input type="checkbox"/> Social Security Number or <input type="checkbox"/> ITIN			
Address for IRS/Compliance notices: (if different than Legal Address given above) _____		To consent to paperless delivery of IRS notices, please review and check the box below: <input type="checkbox"/> By checking this box, you acknowledge that you have read and agree to Consent to Paperless Delivery of Tax Related Documents located at and included with this application and that you consent to receiving IRS notices via paperless delivery.	
City _____ State _____ ZIP _____			
For purposes of paperless delivery of IRS Notices, you are required to provide a valid email address. If different from the email address already provided above, please indicate the email address where you wish to receive paperless delivery of your IRS Notices. If you consent to receive IRS/Compliance notices by paperless delivery, please indicate the email address where such notices should be sent. (Email address required)			
Type of Ownership:		Exempt Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Political Organization		<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Professional Association <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non Profit Corporation	

3. OWNER AND OFFICER INFORMATION

NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.TRANSFIRST.COM.

Name of Owner/Officer and Title	Social Security Number	Date of Birth	Percent Owned	Residential Address, City, State, Zip	Residential Phone Number
			%		
			%		

4. PATRIOT ACT / SITE SURVEY

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Section I and II for all business types except if a publically-traded company or Government Entity where only Section I is required. Completion of Section III by Sales Representative is required.

Section I: Business Form of Identification	Items Reviewed	Section II: Individual Form of Identification	Items Reviewed
<input type="checkbox"/> Govt. Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Government Entity	Business Name: _____ Date and Place of Issuance: _____ ID/IRS Employer ID: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID	Name: _____ Date of Birth: _____ DL/ID#: _____ Date of Issuance: _____ State/Country of Issuance: _____ Expiration Date: _____
Section III: <input type="checkbox"/> On Site Visit Done by Sales Representative Merchant's physical inventory consistent with the business signage: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sales Partner Validated <input type="checkbox"/> No Site Performed Site Consistent with application: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Sales Representative*: _____ **Printed Name:** _____ **Date:** _____

*By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, as applicable.

5. CARD PROCESSING INFORMATION

Have you ever accepted credit cards before? Yes No If yes, what is the processor's name? _____
 Please provide the most recent 3 months of credit card processing statements.

Number of locations? _____ If you are affiliated with an existing account, please provide existing Merchant ID#: _____
 Please check this box if you are applying for processing services for additional merchant locations. If the additional locations are under common ownership, federal tax identification number, same authorized signatory, please submit the Additional Merchant Addendum as Exhibit A with this application. Please note that all additional locations, along with the Primary location, will be subject to and governed by the terms and conditions of this application and the Merchant Card Processing Agreement referenced in and included with this application. If the additional locations are not under common ownership or have varying tax identification numbers and authorized signatories, you will be required to submit a separate Application for Merchant Card Processing per location.

Do you bill your customers prior to goods being shipped? Yes No
 If Yes, how many days? 0-2 days 3-30 days 31-60 days 61-90 days Over 90 days

What is your Return and Refund Policy? (Please be specific)

How do you advertise? (check all that apply) Yellow pages Telemarketing Catalog Word of mouth Publications Mass/Direct mail Internet
 Other, please explain: _____

Please supply copies of advertising, including catalogs and brochures.
 Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www.X.com.net.org.etc) on each page.

Card Types Requested?* Select all that apply. All Credit Cards All Credit and PIN Based Debit Cards PIN Based Debit Cards Only **

*Merchant has the right not to accept all card types. **Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, and not Merchant Bank, will settle American Express, PayPal™ In-Store, Discover, and JCB transactions.

Credit Card Processing Methods		Do you use a third party fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and address.	Average Credit/Debit Transaction (Ticket) Amount:	Total Credit/Debit Monthly Sales:
Card Swiped Transactions	_____ %	_____	\$ _____	\$ _____
Manually Keyed (Card Present with Imprints)	_____ %	_____		
Manually Keyed (Card Not Present and/or Mail Order/Telephone Order)	_____ %	_____		
eCommerce (Card Not Present)	_____ %	_____		
Total (must equal 100%) 100 %				
Business to Business	(must be 0 - 100%) _____ %			

Does annual American Express volume exceed \$1,000,000? Yes No Would Merchant like to receive American Express marketing materials Yes No*

*By checking 'No' merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Seasonal Business? Yes No If Yes, indicate by "X" the months that are ACTIVE: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

List the names of each of your independent contractors or agents that will have access to, store, process, or transmit cardholder data, including online shopping carts, payment gateways, hosting companies, and order-taking services. (Provide separate pages if needed).

6. BANKING INFORMATION

Name and Phone Number of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Type of Accounts	Use this account for* (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks

*If nothing indicated, Financial Institution #1 will be used for all ACH activity. **AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the provided voided check (if applicable) relating to the above account (**) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

7. TRADE REFERENCES

Trade Name	Account Number	Phone Number	Product Sold (if applicable)

8. FEE SCHEDULE

PRICING (Select One): <input type="checkbox"/> QMNR <input type="checkbox"/> Differential <input type="checkbox"/> Pass Through <input type="checkbox"/> TransFreedom				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> TTC	
Fee Category: Visa/MC/AXP/DISC/PP/JCB/ Diners Cards (if applicable)	Discount Rate	Authorization Fee	Per Item Fee	Voice/ARU Auth Fee	Chargeback Fee
	_____ %	All Card Types \$ _____	\$ _____	\$ _____	\$ _____
Qualified or Plus Rate: (Retail, MOTO, Internet)	_____ %			Batch Close Fee	Retrieval Fee
Mid-Qualified Surcharge: (Retail Only)	_____ %		\$ _____	Monthly Minimum Discount	Application Setup Fee
Non-Qualified or Differential Surcharge: (Retail, MOTO, Internet)	_____ %		\$ _____	Monthly Service Fee	Reprogramming Fee
Rewards Surcharge: (Retail Only)	_____ % <input type="checkbox"/> with Qualified Rewards at Pass Thru			TransFreedom Monthly Fee	Terminal Support Fee
Check Card Rebate: (Signature Based)	<input type="checkbox"/> Standard Card Rebates <input type="checkbox"/> Card Rebates at Full Difference <input type="checkbox"/> -		\$ _____	Admin Fee: \$ _____	Annual Fee: \$ _____ Start Date: _____
Fees for Access to Card Brand Services (see description below)	_____ %		\$ _____	ACH Return Fee	<input type="checkbox"/> Merchant Savings Club
				Payment Gateway Monthly	Monthly Fee \$ _____ Payment Gateway Setup \$ _____

The following association-related fees may be added to "Fees for Access to Card Brand Services" billing bundle or be itemized on merchant statements - Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC Digital Enablement, MC license fee, Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system, Visa FANF, Visa debit integrity, Credit Voucher fee for Visa, MC processing integrity, Discover data usage and American Express Access and System Processing fees. Further Visa / MC / AXP / DISC / PP mandated fees, including association Base II and kilobyte fees, Visa / MC / AXP / DISC / PP assessments, and \$15 Annual Location Fee for MC may also apply. **Batch Close Fee:** All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as Visa / MC / AXP / DISC/PP Trans Fees unless specified. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. Qualified T&E Surcharge of .60% will apply to T&E merchant transactions. **TransFreedom:** In addition to your TransFreedom Monthly fee, Automatic Volume Purchase billing may apply to volume processed in excess of the current pricing tier at a rate of \$20.00 per every \$500.00 in additional processed volume.

Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability for them.

9. ADDITIONAL SERVICES AND TERMS

<input type="checkbox"/> ACH Processing (ACH Addendum required)	<input type="checkbox"/> Check Services (CrossCheck Application required)	<input type="checkbox"/> Petro/Fleet (Petro Addendum required) <input type="checkbox"/> Voyager <input type="checkbox"/> Wright Express (WEX)
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TransLink Insights

Merchant is provided a 60 day free trial period. Merchant will be billed \$29.99 per location per month if not cancelled during the free trial period. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no obligation or liability for this product or service.

By checking this box, Merchant declines to participate in the TransLink Insights product.

PIN Debit/EBT

PIN Based Debit Per Item Fee* \$ _____	PIN Based Debit Monthly Fee \$ _____	PIN Based Debit Application Fee \$ _____	EBT Per Item Fee \$ _____
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*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.

Transaction Central/Transaction Express Processing Services

<input type="checkbox"/> TC <input type="checkbox"/> TC Plus	TC Setup Fee \$ _____ (One time per POS)	TC Monthly Gateway Fee \$ _____ (per POS)	TXP Direct Swipe Monthly Fee \$ _____
<input type="checkbox"/> TXP <input type="checkbox"/> ACH	TXP Package Setup Fee \$ _____ (One time per POS)	TXP Package Monthly Fee \$ _____ (per POS)	Integration Fee \$ _____
QB Payment Terminal Setup Fee \$ _____ (per TXP ID)		QB Payment Terminal Monthly Fee \$ _____ (per TXP ID)	
ACH Discount Rate _____ %	ACH Trans Fee \$ _____	ACH Return Fee \$ _____	Fraud Check Fee \$ _____

Wireless and Other Services

Wireless Setup Fee \$ _____ (One Time/Per Terminal)	Wireless Monthly Gateway Fee \$ _____ (Per Terminal)	
Petro/Fleet (per Terminal) Setup Fee: \$ _____	SmartLink (per Modem) Setup Fee: \$ _____	Other Fee: \$ _____
Monthly Fee: \$ _____	Monthly Fee: \$ _____	Description: _____
Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked <input type="checkbox"/>		\$ _____
<input type="checkbox"/> Guardian Monthly Fee: \$ _____	<input type="checkbox"/> Tokenization Monthly Fee: \$ _____	<input type="checkbox"/> Encryption Monthly Fee: \$ _____
WebPass Setup Fee: \$ _____	MultiPass Setup Fee: \$ _____	Hosted Payment Setup Fee: \$ _____
WebPass Monthly Fee: \$ _____	MultiPass Monthly Fee: \$ _____	Hosted Payment Monthly Fee: \$ _____

PCI Quarterly Program Fee* \$ _____
*Fee will be reduced to \$ _____ for ongoing support once compliance is validated
PCI Monthly Non Validation Fee \$ _____

10. EQUIPMENT OPTIONS

Industry: Retail Retail w/ Tips Restaurant MOTO QPS Retail QPS Restaurant Lodging Petro/Fleet Cash Advance

Equipment shipped to: DBA Legal Agent Other* N/A **Merchant trained by:** Agent TSYS Other*

Welcome Kit sent by: Agent TSYS **Welcome Kit shipped to:** DBA Legal Agent Other* N/A

*If Other was selected above, provide shipping details below

*Name: _____ *Address: _____

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

Item Description	Model	Version/SIM#	Qty	Code**	Price**	Bill To**	FEATURES
Terminal							PIN Based Debit <input type="checkbox"/> Yes <input type="checkbox"/> No Dial Prefix _____
Terminal							EBT Services <input type="checkbox"/> Cash Benefits Only <input type="checkbox"/> Food Stamps*** <input type="checkbox"/> Both***
Terminal							***EBT FNS/FCS# (7 digits): _____ Multi-Merchant <input type="checkbox"/> Yes <input type="checkbox"/> No
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					Parent MID: _____ Number of Child Accts: _____
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					AVS <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice <input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Corp/Purch Card <input type="checkbox"/> Yes <input type="checkbox"/> No eCommerce <input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Verification Code <input type="checkbox"/> Yes <input type="checkbox"/> No Quick Pymnt Srv <input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Partial Auth <input type="checkbox"/> Yes <input type="checkbox"/> No Shared Line <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Reader							Auto Close <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Close Time _____
Imager							Connection Method <input type="checkbox"/> Dial <input type="checkbox"/> IP/SSL <input type="checkbox"/> Wireless
Software Name							Store & Forward <input type="checkbox"/> Yes <input type="checkbox"/> No Memory Size <input type="checkbox"/> 512K <input type="checkbox"/> 1Meg
Modem							EMV Capabilities <input type="checkbox"/> Contact <input type="checkbox"/> Contactless <input type="checkbox"/> NFC
Merchant Email Address (Required): _____							Tip at Time of Sale <input type="checkbox"/> Yes <input type="checkbox"/> No Tip Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No

Shipping, handling, and tax will be billed in addition to the equipment price listed above. **If merchant owned WAY terminal, SIM # & Serial # required. Bill To Options: Merchant, Agent, TSYS, N/A
Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, FLS = First Data Leasing, EE = Encryption exchange, RTL = TSYS rental program or STR = Short term rental. Any free use equipment provided by TSYS is the property of TSYS and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.transfirst.com/documents and included with this application.

11. TRANSACTION CENTRAL/TRANSACTION EXPRESS/ PROCESSNOW HARDWARE AND CONFIGURATION ***Required Data

Product: Transaction Central Transaction Central Plus (CC & ACH - ACH Addendum required) Transaction Express

Input Types: Virtual Web Services Batch Post Hosted **Industry:** Retail MOTO eCommerce

***Integrated Product Name: _____ ***Integrated Website Address: _____

***Welcome Email Address: _____

Item Description	Config/Color	Qty	Code**	Price**	Bill To**	TC FEATURES*	TC EXTENDED FEATURES*
MagTek CR						Batch Close Method <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> M/A	
Epson TM-T20 Printer	<input type="checkbox"/> USB <input type="checkbox"/> Serial					Recurring Method <input type="checkbox"/> A <input type="checkbox"/> M	Corp/Purch Cards <input type="checkbox"/> Y
iPad/register/print/scan/2swipers						Multi-User <input type="checkbox"/> Y	Dup Card Acceptance <input type="checkbox"/> Y
iPad/register/print/2swipers						Batch Upload <input type="checkbox"/> Y	ECL (req'd for internet) <input type="checkbox"/> Y

CARD ORGANIZATION DISCLOSURE PAGE

Merchant Services Provider Contact Information

Name: TSYS Business Solutions, LLC
 Address: 12202 Airport Way, Suite 100 Broomfield, CO 80021
 URL: www.TransFirst.com
 Customer Service #: (800) 654-9256

Member Bank/Merchant Bank Information

The Bank's mailing address is Wells Fargo Bank, N.A., 1200 Montego, Walnut Creek, CA, 94598, and the phone number is (925) 746-4167.

Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Card Processing Agreement.
- 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.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below thresholds.
- Review and understand the terms of the Merchant Card Processing Agreement.
- Retain a signed copy of this Card Organization Disclosure Page.
- Comply with Visa Regulations. You may download a copy from Visa's website at: http://usa.visa.com/merchants/operations/op_regulations.html
- Comply with MasterCard Regulations. You may download a copy from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>
- Ensure compliance with American Express Program Requirements.
- Ensure compliance with Discover Card Acceptance regulations.
- Ensure compliance with PayPal Operating Regulations for In-Store Checkout.

The responsibilities above do not replace the terms of the Merchant Card Processing Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

Merchant Information (* = Required)

*Business Legal Name (Printed): _____
 *Business Address: _____
 *Business Phone: _____
 *Signature of Owner or Officer: _____
 *Printed Name of Owner or Officer: _____
 *Title: _____
 *Date: _____