

MERCHANT APPLICATION AND AGREEMENT

North / North

Agent Code

Merchant #

Sales Rep Signature: _____

Print Sales Rep Name:

Sales Rep Phone #:



CardCoN2104(ia) BUSINESS INFORMATION CardCoN2104(ia)

Legal Name of Business:		Business Open Date:	State Organized:	Type of Business:																
DBA Name:		Current length of ownership:			# of Locations:															
Location Address:		Average Monthly Volume VS/MC/DSVR/AMEX:	Average Ticket Amount VS/MC/DSVR/AMEX:	High Ticket Amount VS/MC/DSVR/AMEX:																
City, State, Zip:		\$	\$	\$																
Contact Name and Title:		<table border="0"> <tr> <td></td> <td>Face to Face</td> <td>%</td> </tr> <tr> <td>Swiped</td> <td>%</td> <td>MOTO (mail order)</td> </tr> <tr> <td>Keyed</td> <td>%</td> <td>Internet</td> </tr> <tr> <td>TOTAL</td> <td>100%</td> <td>TOTAL</td> </tr> <tr> <td></td> <td></td> <td>100%</td> </tr> </table>					Face to Face	%	Swiped	%	MOTO (mail order)	Keyed	%	Internet	TOTAL	100%	TOTAL			100%
	Face to Face	%																		
Swiped	%	MOTO (mail order)																		
Keyed	%	Internet																		
TOTAL	100%	TOTAL																		
		100%																		
Phone:		Products / Services are delivered in: TOTAL = 100% 0-7 days % 8-14 days % 15-30 days % over 30 days %																		
Fax:		Do you use any third party to store, process or transmit cardholder data?																		
Email Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name/address:																		
Website Address: http://		Please identify any Software used for storing, transmitting, or processing Card transactions or authorization reports:																		
Mailing Address (if different from location):																				
City, State, Zip:																				
Country:		Contact Name:																		
Phone:		Fax:																		
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months:																				
Types of goods or services sold:																				

OWNERS / OFFICERS INFORMATION

Sole Proprietor LLC Partnership LP Corporation Other: Choose

Name (as it appears on your income tax return)		FEDERAL TAX ID # (as it appears on your income tax return)		<input type="checkbox"/> 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.)					
Please provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business					
Owner 1 / Principal Name:		Title:	% of Ownership:	Date of Birth:	Social Security #:
Current Residence Address:		City, State, Zip:		Phone #:	Mobile Phone #:
Owner 2 Name:		Phone #:	Owner 3 Name:		Phone #:
Current Residence Address:		Date of Birth:	Current Residence Address:		Date of Birth:
City, State, Zip:	% of Ownership:	Social Security #:	City, State, Zip:	% of Ownership:	Social Security #:
Owner 4 Name:		Phone #:	Owner 5 Name:		Phone #:
Current Residence Address:		Date of Birth:	Current Residence Address:		Date of Birth:
City, State, Zip:	% of Ownership:	Social Security #:	City, State, Zip:	% of Ownership:	Social Security #:

BANK ACCOUNT (Include a voided check when submitted)

Bank Name:	Routing #:	Account #:
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PIN Debit (plus the applicable network fees)	EBT Information
Unbundled PIN Debit (Key 0-590, K 0-593) (190) _____% (018, PreAuth-587, I/C Adj-597) \$ _____	FNS # _____ Trans Fee \$0.
PIN Debit Declined Transaction Fee: (42R) \$ _____	American Express Direct <input type="checkbox"/> American Express Pass-Thru SE _____

Tiered Pricing: (Select One)

	Discount	Discount Fee	Discount Fee	Discount Fee	Discount Fee
MC Qualified Credit	(800) _____%	Visa Qualified Credit (804) _____%	Discover Qualified Credit (170) _____%	American Express Qual Credit (164) _____%	
MC Mid-Qualified Credit	(810) _____%	Visa Mid-Qualified Credit (814) _____%	Discover Mid-Qualified Credit (990) _____%	American Express Mid-Qual Credit (81C) _____%	
MC Non-Qualified Credit	(820) _____%	Visa Non-Qualified Credit (824) _____%	Discover Non-Qualified Credit (994) _____%	American Express Non-Qual Credit (82A) _____%	
MC Qualified Non-PIN Debit	(850) _____%	Visa Qualified Non-PIN Debit (854) _____%	Discover Qualified Non-PIN Debit (964) _____%	Sales Credit & Non-PIN Debit Trans. Fee \$ _____	
MC Mid-Qualified Non-PIN Debit	(870) _____%	Visa Mid-Qualified Non-PIN Debit (874) _____%	Discover Mid-Qualified Non-PIN Debit (968) _____%	(001, 002, 611, 612, 621, 622, 130, 131, 140, 141, 150, 151, 005, 006, 615, 616, 625, 626, 134, 135, 144, 145, 154, 155, 015, 016, 717, 718, 721, 722, 787, 788, 791, 792, 795, 796, 013, 014, 62T, 62U, 65S, 65T)	
MC Non-Qualified Non-PIN Debit	(880) _____%	Visa Non-Qualified Non-PIN Debit (864) _____%	Discover Non-Qualified Non-PIN Debit (978) _____%		

Flat Rate

Sales Credit & Non-PIN Debit Trans. Fee	Discount	Discount	Discount	Discount
\$ _____	MC Qual Credit (800) _____%	Visa Qual Credit (804) _____%	Discover Network Qual Credit (170) _____%	American Express Qual Credit (164) _____%
(001, 002, 005, 006, 013, 014, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Non-PIN Debit (850) _____%	Visa Qual Non-PIN Debit (854) _____%	Discover Network Qual Non-PIN Debit (964) _____%	

<input type="checkbox"/> Dues & Assessments (273, 274, 27L, 234, 237,286)	<input type="checkbox"/> Billback	Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 18.1) Applies to Non-qualified MC, Visa, Discover, American Express Credit and/or Non-PIN Debit Transactions. (30D) _____%
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■ **Pass Through Interchange — Includes Dues and Assessments.** You will be charged the applicable interchange rate from MasterCard, Visa or Discover, plus a MasterCard Assessment Fee (273) of .13%, a Visa Assessment Fee (27L, 274) of .13%, or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (MC Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional 0.01% per transaction.) American Express Network Fee (286) of .15%

Sales Credit & Non-PIN Debit Trans. Fee \$ _____	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
(001, 002, 005, 006, 013, 014, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Credit & Non-PIN Debit (800, 850) _____%	Visa Qual Credit & Non-PIN Debit (804, 854) _____%	Discover Network Qual Credit & Non-PIN Debit (170, 964) _____%	American Express Qual Credit (164) _____%

Net Interchange MC (563), Visa (553) or Discover (528)

AUTHORIZATION AND TRANSACTION FEES

ACH Batch Fee (227) \$ 0. /batch	Voice Authorization Fee (10B, 10E, 10K) \$ /each
MC, Visa, Discover Network, American Express Auth Fee (10A, 10D, 10J, 10P) \$ 0. /each	Address Verification Fee (AVS) \$
	CardConnect Gateway Transaction Fee \$

OTHER FEES

Gateway Set-up Fee \$ (one time fee)	PCI Non-Compliance Monthly Fee \$
Chargeback Fee (205, 725, 20L) \$ /each	Application Fee (Non-Refundable) (247) \$
Retrieval Fee (26A, 262, 20M) \$ /each	Wireless Access Fee (399) \$
Early Cancellation Fee \$ /each	Annual Membership Fee* (294) \$
Monthly Account Minimum Fee (954) \$ /each	CardConnect Gateway Monthly Fee \$
Statement Fee (323) \$ /each	Data Breach \$
Regulatory Product Monthly Fee (35I) \$	

CLOVER FEES

Clover Service Fee (Charged per Clover Station) \$ /each	Clover Go Service Fee \$ /month
Transarmor Monthly Fee \$	

All other card association fees are passed thru at cost – NABU, APF, connectivity, & usage.
* Billed on anniversary of account keyed date.

CardConnect Gateway API Merchant Center VT **Equipment Cost Billed to Merchant:** Yes No

Rental • Purchase • Customer-Owned	QTY	IP	Equipment Category	Equipment Name	Authorization Network	Unit Price w/o Tax and S&H	For Customer-Owned Equipment Track/Version/Serial #
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	
		<input type="checkbox"/>				\$	

Shipping and Handling: Standard \$ _____ Overnight \$ _____

CLOVER CHECK ACCEPTANCE FEES

(Fees are debited monthly and Billed separately by TeleCheck)

Clover Check Acceptance In-Person Warranty Clover Check Acceptance Mobile App Warranty Clover Check Acceptance Online Warranty

Inquiry Rate _____% Monthly Minimum Fee \$ _____ (Per Location) Customer Requested Operator Call (CROC) \$ **2.50**
 December Risk _____% Statement Processing Fee \$ _____ Unauthorized Return Fee \$ **5.00**
 Surcharge Per Trans Fee \$ _____ (Only charged when entitled with TeleCheck)

(See Agreement for definitions, warranty requirements, and any additional fees.)

PETROLEUM SERVICES

WEX Auth Fee (0D4) \$ _____	WEX Chargeback Reversal Disc't (843) _____%	Datawire Micronode <input type="checkbox"/> Yes <input type="checkbox"/> No
WEX Sales Discount (840) _____%	WEX Chargeback Fee (29H) \$ _____	Datawire Micronode 960-AS Monthly Fee (354) \$ _____ (each)
WEX Refund Discount (841) _____%	WEX Retrieval Fee (29I) \$ _____	Voyager Authorization Fee (0D0, 0D1, 0DV, 0DC, 0DI, 0D3, 0BW, 0BX) \$ _____
WEX Chargeback Discount (842) _____%		Voyager Discount Fee (766) _____%

SITE INSPECTION

Merchant Location: Retail Store Front Office Building Warehouse Residence Other: **Hours of Operation:**

The Merchant: Owns Leases the business premises (If Lease, Landlord Name): **Phone #:**

	Yes No
Merchant appears to be conducting business as represented in application?	<input type="checkbox"/> <input type="checkbox"/>
Merchant is adequately staffed and stocked to do business?	<input type="checkbox"/> <input type="checkbox"/>
Have you taken pictures of the inside and outside of the premises?	<input type="checkbox"/> <input type="checkbox"/>
Have you confirmed the identity of the person who signed the application?	<input type="checkbox"/> <input type="checkbox"/>

I hereby Certify that I have physically inspected the business premises of the Merchant at this address.

Print Name: _____

Signature **X** _____ Date _____

Merchant Acceptance – Each person signing below agrees to the terms and conditions stated in the front and back of this agreement and certifies that all information provided in the application is true, correct and complete. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Each signer authorizes CardConnect and/or the Member Bank or any agent of the Member Bank, to make whatever inquiries CardConnect and/or the Member Bank deem appropriate to investigate, verify, or research references, statements or data, including personal credit reports for the purpose of this application. Merchant understands this agreement shall not take effect until Merchant has been approved by CardConnect and/or the Member Bank and a merchant number is issued.

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.

X _____ **X** _____
#1 from Application (Signature) Date #2 from Application (Signature) Date

For All Corporations – Corporate Resolution

The indicated officer(s) identified in numbers 1 and/or 2 have the authorization to execute the Merchant Processing Agreement on behalf of the here within named corporation.

X _____ _____ _____
Corporate Officer (Signature) Title Date

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account by electronic fund transfer the amount due TeleCheck and/or TRS under this Agreement and to accept all credits and debits made to its account by electronic fund transfer as a result of TeleCheck’s and/or TRS’ services. This authorization shall remain in effect until thirty days after revoked in writing.

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

Personal Guarantee – if applicable

By signing below, signer(s) unconditionally guarantee(s) to the Processor and its successors and assigns the full and prompt payment when due of all its obligations of every kind and nature of Merchant arising directly or indirectly out of the Agreement and /or the TeleCheck / TRS Services Agreement or any document or agreement executed and delivered by Merchant in accordance with the terms of the Agreement. The undersigned further agrees to pay to the Processor all expenses including attorney fees and court costs) paid or incurred by the Processor in collecting such obligations and in enforcing this Guaranty.

X _____ **X** _____
#1 from Application (Signature) Date #2 from Application (Signature) Date

CardConnect, LLC

Application Approved By: **X** _____
Signature

Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and MasterCard International Inc.)

Application Approved By: **X** _____
Signature