

Note: This form is to be prepared and submitted by Agent. The purpose of this form is for the agent to relay to FPS the account setup particulars agreed upon between the merchant and agent. It is the agent's responsibility to ensure that merchant is aware of all fees contained in this form. Leaving fields blank will result in delay of account setup.

GENERAL INFORMATION				
Merchant DBA Name		Sales Agent		Sales Agent Phone Number
Description of Services Sold		Business type <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> MO/TO <input type="checkbox"/> Internet <input type="checkbox"/> Emerging Market <input type="checkbox"/> Supermarket		
Processing Method (must equal 100%) Swiped _____ % Keyed _____ % Internet _____ %		Monthly Vol \$ _____	Avg Ticket \$ _____	High Ticket \$ _____
Proposed Savings \$ _____				
Does the merchant currently accept credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No Were processing statements reviewed for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the signer or the business have / ever had an account with Fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PRICING STRUCTURE				
Bank: <input type="checkbox"/> First Data <input type="checkbox"/> Elavon <input type="checkbox"/> Other _____				
<input type="checkbox"/> PASS-THROUGH _____ %		<input type="checkbox"/> TIERED Qual _____ % Rewards _____ % Mid Q _____ % Non Q _____ %		<input type="checkbox"/> FLAT RATE _____ %
<input type="checkbox"/> BILL BACK Base rate _____ % Enhanced Rate _____ % <input type="checkbox"/> Special Fidelity Setup (Can only be enabled using Cardknox or Fidelipay)				
Authorization Fee \$ _____	V/MC/Disc Transaction Fee \$ _____	<input type="checkbox"/> Setup merchant with pin debit		<input type="checkbox"/> Daily Discount <input type="checkbox"/> Monthly Discount
Next Day Funding Required <input type="checkbox"/> yes (\$5 monthly fee for Elavon accounts) <input type="checkbox"/> no <small>Important: If terminal is set to auto-close, auto-close time must be set to batch out before cutoff times. Next day funding is not available on host auto-close terminals. Next day funding cutoff time varies on the equipment platform the merchant will be setup on.</small>				
AMEX				
<input type="checkbox"/> No AMEX <input type="checkbox"/> Use existing (ESA only) <input type="checkbox"/> New ESA <input type="checkbox"/> Opt Blue				
<input type="checkbox"/> Do not wait for AMEX coding prior to shipping. (Unless this is checked, we will not ship without AMEX coding, which usually delays shipping by 1-2 days.)				
PROPOSED FEES				
Amex Trans/Auth Fee (if diff than Visa/MC/Disc)		\$ _____	ETF <input type="checkbox"/> Standard <input type="checkbox"/> Waived or Modified. MUST have signed addendum	
Pin Based Debit Trans Fee		\$ _____	Monthly Minimum Fee \$ _____	
Pin Based Debit Markup		_____ %	Annual Fee \$ _____	
Batch Fee		\$ _____	Online Reporting (First Data- free & Elavon- \$5 monthly) <input type="checkbox"/> yes <input type="checkbox"/> no	
EBT Trans Fee		\$ _____	Chargeback Fee \$ _____	
Statement Fee		\$ _____	Other _____	
ADDITIONAL SERVICES				
NOTE: Additional Services require separate applications. This is only to alert us so that we can take into consideration and make sure there are no compatability issues etc. Email agent support with any questions.				
<input type="checkbox"/> Check21 <input type="checkbox"/> ACH <input type="checkbox"/> Check Guarantee <input type="checkbox"/> FidelityGIFT <input type="checkbox"/> ATM <input type="checkbox"/> Other _____				
NOTES				

Please enter equipment information as complete and clear as possible to avoid questions and delays.
You can refer to exhibit A for updated equipment and pricing.

<input type="checkbox"/> Purchase New	<input type="checkbox"/> Reprogram Existing Equipment Who will reprogram equipment? <input type="checkbox"/> Agent <input type="checkbox"/> Fidelity (charge applies)	For software reprogram you must also supply Serial # _____
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■ TERMINAL		
Terminal Name and model Number	PRICE	QTY
■ PIN PADS	PRICE	QTY
■ OTHER	PRICE	QTY
■ SOFTWARE		
■ POS SYSTEM		
Reprogram: Name of POS _____		
<input type="checkbox"/> A separate form is required if purchasing new POS System.		
■ MOBILE	PRICE	QTY

■ GATEWAY		
Please verify email address for all gateways: <input type="checkbox"/> same as MPA <input type="checkbox"/> email agent <input type="checkbox"/> other _____		
Name of Gateway _____		
<input type="checkbox"/> Cardknox EMV		
	PRICE	
Activation Fee		
Monthly Fee		
Plan		
Transaction Fee		
Other		
■ ACCESSORIES		PRICE
■ APRIVA WIRELESS		PRICE
Activation		
Download		
Monthly		

TERMINAL ENVIRONMENT (NOTE: This section MUST be filled out properly. Failure to do so will result in undesired consequences. Contact Agent Support with any questions.)			
Connection <input type="checkbox"/> Analog <input type="checkbox"/> IP static* <input type="checkbox"/> IP dynamic <input type="checkbox"/> Wireless <input type="checkbox"/> No Terminal (gateway)		* For STATIC IP you must include IP address, subnet mask, gateway IP, DNS1 and DNS2 in notes below	
Batch Settlement Info <input type="checkbox"/> Host Based <input type="checkbox"/> Terminal Based		<input type="checkbox"/> Host Auto-Close <input type="checkbox"/> Manual Close	
		<input type="checkbox"/> Terminal Auto-Close > Time: _____	
Extra Prompts <input type="checkbox"/> Tip Function (terminal based – manual batch only)		AVS <input type="checkbox"/> On <input type="checkbox"/> Off	
<input type="checkbox"/> Server/Clerk Prompt		Last Four Digits <input type="checkbox"/> On <input type="checkbox"/> Off	
<input type="checkbox"/> Purchase Order # Prompt		CVV2 <input type="checkbox"/> On <input type="checkbox"/> Off	

EQUIPMENT & SETUP BILLING INSTRUCTIONS		45
1) ACH from Merchant's DDA: <input type="checkbox"/> Upon Shipping* <input type="checkbox"/> 15 days after ship date* <input type="checkbox"/> 45 days after ship date*		*If "upon shipping" or "15 days" option is selected, FPS will assume collection responsibility. If "45 days" option is selected, and invoice remains uncollectable after days, FPS will charge agent full retail price of equipment. If Merchant submits payment to FPS before ACH date, ACH will not be initiated.
2) <input type="checkbox"/> Bill Me (cost of equipment will be deducted from agent's residuals)		
3) <input type="checkbox"/> Credit Card Payment: Card # _____ Exp ____/____ CVV2 _____		
4) <input type="checkbox"/> Free Equipment Program (Must meet all requirements. Must have addendum)		

EQUIPMENT SHIPPING INSTRUCTIONS
Ship to: <input type="checkbox"/> Location Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Agent <input type="checkbox"/> Agent will pickup
<input type="checkbox"/> Other - Ship to address: _____

Notes:
