

Sales Rep	Sales ID
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MERCHANT PROCESSING APPLICATION ☐ NEW ACCOUNT ☐ ADDITIONAL LOCATION ☐ CHANGE OF OWNERSHIP

BUSINESS INFORMATION																			
Merchant Name (DBA or Trade Name)					Corporate Legal Name														
Location Address					Corporate Address														
City		State	Zip		City		State	Zip											
Business Phone Number		Customer Service Phone Number		Business Fax Number		Website Address													
Contact Name			Contact Phone Number			Contact Email Address													
Federal Tax ID # <input type="checkbox"/> EIN <input type="checkbox"/> SSN		IRS Name (As Your Business Name Appears on Income Tax Return)				State Incorpor		Date Open (MM/YY)		# of Locations									
Type of Merchant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation		<input type="checkbox"/> Other _____		Stock Symbol, if Publicly Held													
Merchant Statements To Be Mailed To <input type="checkbox"/> DBA Name <input type="checkbox"/> Legal Name		Chargebacks To Be Mailed To <input type="checkbox"/> DBA Name <input type="checkbox"/> Legal Name		Seasonal Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Indicate Active Months		J	F	M	A	M	J	J	A	S	O	N	D
Currently Accepting Visa / Mastercard / Discover / AMEX? <input type="checkbox"/> YES <input type="checkbox"/> NO				Has Merchant Or Owner/Principal Ever Been Terminated From Accepting Payment Cards <input type="checkbox"/> YES <input type="checkbox"/> NO Reason _____															
Bank Name				Bank Routing #			Bank Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings												
Types of Products / Services Being Offered				MCC/SIC		Card Swipe %		Manual Keyed %		Internet %	Total 100%								

LOCATION									
Building Type: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence									
Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Rents									
Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Residence		By signing below, inspector is certifying he/she has validated the business location.							
Square Footage: <input type="checkbox"/> 0-1000 <input type="checkbox"/> 1000+		Signature: _____							

MO/TO QUESTIONNAIRE (MUST COMPLETE IF MERCHANT PROCESSES LESS THAN 70% SWIPE TRANSACTIONS)									
What percent of sales are to: Businesses % Individual %		Methods of Marketing <input type="checkbox"/> Television / Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspapers / Magazine <input type="checkbox"/> Outbound Telemarketing Sales <input type="checkbox"/> Direct Mail, Brochure, Catalogue <input type="checkbox"/> Other _____							
Who Enters Card Information Into the Processing System <input type="checkbox"/> Merchant <input type="checkbox"/> Fullfilment Center <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____		Product Shipped By <input type="checkbox"/> US Mail <input type="checkbox"/> Other _____		If Card Information is Taken Over the Internet, Is Payment Channel Encrypted By SSL Or Better <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you own your own Product / Inventory (if no, where is inventory stored) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Business <input type="checkbox"/> Other _____		Who Ships Product <input type="checkbox"/> Merchant <input type="checkbox"/> Fullfilment Center		Certificate #: _____					
Who Processes the Order: <input type="checkbox"/> Merchant <input type="checkbox"/> Fullfilment Center <input type="checkbox"/> Other _____		After Auth, Days To Ship		Delivery Receipt Requested <input type="checkbox"/> YES <input type="checkbox"/> NO		Exp Date: _____			
						<input type="checkbox"/> Individual <input type="checkbox"/> Shared			

OWNERS AND OFFICERS (MUST HAVE AT LEAST 51% COMBINED OWNERSHIP) *Use Addendum If More Than 2 Principals									
PLEASE LIST ALL PRINCIPALS WHO, DIRECTLY OR INDIRECTLY, THROUGH ANY CONTRACT, ARRANGEMENT, UNDERSTANDING, RELATIONSHIP, OR OTHERWISE, OWN 25 PERCENT OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED IN THIS APPLICATION									
PRINCIPAL #1	First		Middle		Last		SSN		Ownership %
	Home Address				City		State	Zip	Date of Birth
	Cell Phone		Contact Email Address				Drivers License #		Title
PRINCIPAL #2	First		Middle		Last		SSN		Ownership %
	Home Address				City		State	Zip	Date of Birth
	Cell Phone		Contact Email Address				Drivers License #		Title
CONTROLLING POSITION BENEFICIAL OWNER	First		Middle		Last		SSN		Controlling Interest <input type="checkbox"/> YES <input type="checkbox"/> NO
	Home Address				City		State	Zip	Date of Birth
	Cell Phone		Contact Email Address				Drivers License #		Title

Initials

SERVICES REQUESTED						
	Average Transaction Amount	Highest Transaction Amount	Gross Monthly Sales Volume	American Express Volume > \$1,000,000 Annually? <input type="checkbox"/> YES <input type="checkbox"/> NO Account # _____		
Visa / Mastercard	\$	\$	\$	Discover Retained Account # _____		
Discover	\$	\$	\$	<input type="checkbox"/> EBT <input type="checkbox"/> Cash Benefit FNS Account # _____		
American Express	\$	\$	\$	By checking this box, Merchant is opting out of receiving future commercial marketing communications from American Express. <ul style="list-style-type: none"> 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. American Express may use the information obtained in the Merchant application at the time of setup to screen and/or monitor Merchant in connection with marketing and administrative purposes. Opt Out <input type="checkbox"/> 		
Undersigned certifies that the Average Transaction Amount and Gross Monthly Sales Volume indicated are accurate and agrees that any transaction of monthly volume that exceeds either of the above amounts could result in delayed and/ or withheld settlement of funds				Have merchant or owners/principals ever filed business bankruptcy and/ or personal <input type="checkbox"/> YES <input type="checkbox"/> NO Explain _____		
You, as Merchant, have the option of accepting MasterCard credit cards, Visa credit cards, American Express credit cards, credit cards issued by the Discover® Network, MasterCard signature debit cards (MasterMoney Cards) or Visa signature debit cards (Check Cards), or debit cards issued by the Discover Network. Merchant may elect to accept any or all of these card types for payment. If Merchant does not specifically indicate otherwise, the Merchant Application will be processed to accept ALL MasterCard, American Express, Discover Network, and Visa card types. Elected Visa, Discover Network, American Express or MasterCard Card types NOT to accept:						
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> PAYPAL						
Does merchant use an independent Servicer that stores, maintains, or transmits cardholder information <input type="checkbox"/> YES <input type="checkbox"/> NO			Does merchant use a fulfillment house to fulfill product <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name: _____ Phone: _____			Name: _____ Phone: _____			
RETURN POLICY						
<input type="checkbox"/> FULL REFUND <input type="checkbox"/> EXCHANGE ONLY <input type="checkbox"/> NONE <input type="checkbox"/> DESCRIBE: _____						
PRICING INFORMATION						
Pass Through Interchange <input type="checkbox"/> YES <input type="checkbox"/> NO		Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa or Discover, plus a Mastercard Assessment Fee, Visa Assessment Fee, Visa Assessment Fee CR, Discover Assessment Fee, or a PayPal Assessment Fee, plus any other fees indicated on this Service Fee Schedule. MC Assessment Fee when transaction is equal to \$1,000 or more will be assessed an additional cost % per transaction. American Express OptBlue® Network Fee. American Express Assessment Fee has Program Pricing and not Interchange and are subject to change.				
Pass Dues & Assessments <input type="checkbox"/> YES <input type="checkbox"/> NO						
TIERED						
VI/MC/DISC DISCOUNT RATE	Credit Qual	%	Mid Credit Qual	%	Non Credit Qual	%
					Non PIN Debit Qual	%
					Non PIN Debit Mid Qual	%
					Non PIN Debit Non Qual	%
AMEX DISCOUNT RATE	Credit Qual	%	Mid Credit Qual	%	Non Credit Qual	%
					PAYPAL DISCOUNT FEE	Credit Qual
						%
INTERCHANGE PLUS GROSS NET						
VI/MC/DISC Discount Rate	%	VI/MC/DISC Non-Pin Debit Discount Rate	%	AMEX Discount Rate	%	PayPal Discount Rate
FLAT RATE SWIPED / NON-SWIPED						
VI/MC/DISC Discount Fee	%	VI/MC/DISC Non-Pin Debit Discount Rate	%	AMEX Discount Rate	%	PayPal Discount Rate
					Swiped	%
					Non-Swipe	%
PIN DEBIT				DISCOUNT COLLECTED FREQUENCY		
PIN Debit Discount Rate	%	PIN Debit Auth Rate	\$	<input type="checkbox"/> Daily (Default) <input type="checkbox"/> Monthly		
OTHER PRICING INFORMATION						
PER TRANSACTION FEES	OTHER TRANSACTION FEES	MONTHLY FEES	CONDITIONAL MONTHLY	ADDITIONAL FEES		
Authorization Fee \$	EBT Cash Item Fee \$	Statement Fee \$	Monthly Minimum Fee \$	PCI Annual Fee \$		
Address Verification \$	EFT Food Item Fee \$	Customer Service Fee \$	TIN Invalid Fee \$	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Voice Authorization \$	Returned Transaction \$	Online Reporting \$	ACH Reject Fee \$	Application Fee \$		
Audio Response (ARU) \$		Regulatory Product Fee \$	Chargeback Fee \$	Early Termination Fee \$		
Voice Address Verification \$		Wireless Fee \$	Retrieval Fee \$	Merchant Annual Fee \$		
Batch Header Fee \$		Software Fee \$	PCI Non-Compliance Fee \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Sales Transaction Fee \$		Equipment Fee \$	Other _____ \$			

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 MiCamp Solutions is a registered ISO and FSP of Merrick Bank, South Jordan, UT 84095 & North American Banking Company 2230 Albert Street Roseville, MN 55113

Initials

ASSOCIATION BANK DISCLOSURES

Important Bank Responsibilities

1. Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a merchant.
2. Bank is responsible for educating merchants on pertinent Visa and Mastercard Network Rules with which Merchants must comply.
3. Bank must hold, administer and control all reserve funds derived from settlement.
4. Bank must hold, administer and control settlement funds for Merchant.
5. Bank must be a party to the Agreement.

☐ **NORTH AMERICAN BANKING COMPANY**
2230 Albert Street
Roseville, MN 55113
Tel (651) 636-9654

☐ **Merrick Bank[®]**
Merchant Acquiring
135 Crossways Park Drive North,
Suite A100, Woodbury, NY 11797
Tel (800) 328-9155
Fax (516) 576-8741

Important Merchant Responsibilities

1. Complying with Cardholder data security and storage requirements.
2. Reviewing and understanding the Agreement.
3. Maintaining fraud and Chargebacks below established thresholds.
4. Complying with the Network Rules.
5. Must notify MiCamp Solutions of any funding and/or pricing discrepancy within 90 days.

The responsibilities listed above do not supersede terms of the Agreement and are provided to ensure Merchant understands some important obligations of each party that Bank, as the member bank, is the ultimate authority should Merchant have any problems.

The assigned Bank chosen in this section (above) indicates which Bank accepted the Merchant's request to obtain Services.

Merchant's Signature	Merchant's Printed Name	Date
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PERSONAL GUARANTEE

CONTINUING PERSONAL GUARANTY PROVISION ("GUARANTY") – PERSONAL GUARANTOR

(Capitalized terms not defined in this Guaranty have the meanings set forth below in the Terms and Conditions)

By signing below, each individual or entity ("Guarantor") jointly and severally (if there is more than one Guarantor) and unconditionally guarantees to ISO and Bank the prompt payment and full and complete performance of all obligations of Merchant identified above under the Agreement, as amended from time to time, including, without limitation, all promises and covenants of the Merchant, and all amounts payable by Merchant under the Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorneys' fees and court costs. This Guaranty means, among other things, that ISO or Bank can demand performance or payment from any Guarantor if Merchant fails to perform any obligation or pay any amount Merchant owes under the Agreement. Each Guarantor agrees that his or her liability under this Guaranty will not be limited or canceled because: (1) the Agreement cannot be enforced against Merchant for any reason, including, without limitation, the initiation of bankruptcy proceedings; (2) either ISO or Bank agrees to changes or modifications to the Agreement, with or without notice to Guarantor; (3) ISO or Bank releases any other Guarantor or Merchant from any obligation under the Guaranty or Agreement, as applicable; (4) any Law affects the rights of either ISO, Merchant, or Bank under the Agreement; and/or (5) anything else happens that may affect the rights of either ISO or Bank against Merchant or any other Guarantor. Each Guarantor further agrees that: (a) ISO and Bank each may delay enforcing any of their rights under this Guaranty without losing such rights; (b) ISO and Bank each can demand payment from such Guarantor without first seeking payment from Merchant or any other Guarantor or from any security held by Bank; and (c) such Guarantor will pay all court costs, attorneys' fees, and collection costs incurred by either ISO or Bank in connection with the enforcement of the Agreement or this Guaranty, whether or not there is a lawsuit, and such additional fees and costs as may be directed by a court. If Merchant is a corporation, limited liability company, partnership or other entity, this Guaranty must be executed by a principal of Merchant.

Principal 1 Print Full Name:	Title / Position	Signature	Date
Principal 2 Print Full Name:	Title / Position	Signature	Date

MERCHANT ACCEPTANCE AND AGREEMENT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

MERCHANT APPLICATION AND AGREEMENT ACCEPTANCE (Capitalized terms not defined in this Acceptance Section have the meanings set forth below in the Terms and Condition)

By executing this Merchant Application ("Merchant Application"), on behalf of the merchant described above ("Merchant"), the undersigned authorized individual(s) each, jointly and severally, represents, warrants, acknowledges and agrees that: (i) all information supplied by Merchant to ISO and Bank and contained in this Merchant Application is true, correct, and complete as of the date of this Merchant Application; (ii) if Merchant is a corporation, limited liability company, or partnership, the individual(s) executing this Merchant Application have the requisite legal power and authority to complete and submit this Merchant Application on behalf of Merchant and to make and provide the acknowledgments, authorizations, and agreements set forth herein on behalf of Merchant and individually and to bind Merchant to the terms of this Merchant Application, the Guaranty, and the attached Terms and Conditions, as may be amended from time to time (collectively, the "Agreement"); (iii) the information contained in this Merchant Application is provided for the purpose of obtaining, or maintaining, a merchant account for Merchant with the Bank and Bank and ISO will rely on the information provided herein in its approval process and in setting the applicable discount rate, approved average ticket, and approved monthly Card volume; (iv) Bank is authorized to investigate, either through its own agents or through credit bureaus/agencies, the credit of Merchant and each person listed on this Merchant Application; (v) Bank will determine all rates, fees, and charges and notify Merchant of the approved fees and by Merchant's submission and acceptance of Merchant's first settled transaction, Merchant agrees to pay such fees in accordance with the terms of the Agreement; (vi) the Agreement will not take effect until Merchant has been approved by Bank and a merchant identification number has been issued to Merchant; and (vii) Merchant and the undersigned have received, read, and understood the Agreement, and Merchant agrees to be bound by the terms of the Agreement. Merchant acknowledges that this Agreement is being submitted to Bank, as the member bank of the Card Networks, and ISO is also a party to this Agreement. Merchant acknowledges that ISO will rely on the representations and warranties set forth in this Agreement and unless otherwise specified or prohibited by the Network Rules or Law, ISO will have certain rights under this Merchant Application and Agreement. "Bank" means either North American Banking Company or Merrick Bank as selected by ISO and identified herein under the Association Bank Disclosures section and the supplied applicable Terms and Conditions.

Principal 1 Print Full Name:	Title / Position	Signature	Date
Principal 2 Print Full Name:	Title / Position	Signature	Date
Bank	Title / Position	Signature	Date
ISO	Title / Position	Signature <i>Michael Carrasco</i>	Date

CERTIFICATION OF BENEFICIAL OWNER(S)

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

By signing below, I attest that I have accurately provided the name, address, date of birth, and Social Security Number (SSN) for the following individuals (i.e. the beneficial owners):

- (i) Each individual, if any, who owns directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The undersigned does hereby certify that all of the information furnished above with regard to information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above is complete and accurate.

Print Full Name:	Signature	Date
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MiCamp Solutions is a registered ISO and FSP of Merrick Bank, South Jordan, UT 84095 & North American Banking Company 2230 Albert Street Roseville, MN 55113

Program Request Form

Sales Rep: _____

Phone Number: _____

Account Information (DBA): _____ MID: _____

Equipment/Gateway/Software Information

Quantity: _____ Make: _____ Model/Version: _____

Quantity: _____ Make: _____ Model/Version: _____

Quantity: _____ Make: _____ Model/Version: _____

Quantity: _____ Make: _____ Model/Version: _____

☐ **File Build Only**

File Build Information:

Please Choose One: ☐ Dial Up ☐ Ethernet ☐ Wifi ☐ Wireless/Sim

Please Choose One: ☐ Retail ☐ Restaurant ☐ MO/TO ☐ ECommerce

WAVit: ☐ Yes ☐ No % Passed to Card Holder: _____

Sales Tax: _____%

Pin Debit: ☐ Yes ☐ No

Auto Close: ☐ Yes ☐ No Auto Close Time: _____

Tips: ☐ Yes ☐ No

If Yes, Choose One: ☐ Tip At Time of Sale ☐ Tip On Receipt

Suggested Tip Percentages: _____

Servers: ☐ Yes ☐ No

WAVit Clover Only (Clover Addendum Required)

Will The Merchant Need Menu Or Inventory? ☐ Yes ☐ No

How Will Cash Discount Be Applied? (Please Choose One)

☐ WAVit App (Merchant Does Not Need Menu Or Inventory)

☐ Dual Pricing App (Merchant Is Using Menu or Inventory)

WAVit App Only (Clover & Pax A920 Terminals Only)

Check All That Apply:

☐ Invoicing

☐ Invoice Number Field

☐ QR Scan

File Build Notes: _____

Shipping Information

Ship To: ☐ Rep ☐ Business

Shipment Priority: ☐ Priority ☐ Ground ☐ 3Day ☐ 2Day ☐ Overnight

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Billing Information

Please Choose One: ☐ Bill Merchant (must include signed ACH form) ☐ Bill Rep

OWNERS AND OFFICERS ADDENDUM (MUST HAVE AT LEAST 51% COMBINED OWNERSHIP)

PLEASE LIST ALL PRINCIPALS WHO, DIRECTLY OR INDIRECTLY, THROUGH ANY CONTRACT, ARRANGEMENT, UNDERSTANDING, RELATIONSHIP, OR OTHERWISE, OWN 25 PERCENT OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED IN THIS APPLICATION

PRINCIPAL # _____	First	Middle	Last	SSN	Ownership %	
	Home Address		City	State	Zip	Date of Birth
	Cell Phone	Contact Email Address	Drivers License #	State	Title	
PRINCIPAL # _____	First	Middle	Last	SSN	Ownership %	
	Home Address		City	State	Zip	Date of Birth
	Cell Phone	Contact Email Address	Drivers License #	State	Title	
PRINCIPAL # _____	First	Middle	Last	SSN	Ownership %	
	Home Address		City	State	Zip	Date of Birth
	Cell Phone	Contact Email Address	Drivers License #	State	Title	
PRINCIPAL # _____	First	Middle	Last	SSN	Ownership %	
	Home Address		City	State	Zip	Date of Birth
	Cell Phone	Contact Email Address	Drivers License #	State	Title	