

☐ RESUBMISSION☐ ADDITIONAL INFORMATION ATTACHED

PAGE _____ of _____

Omaha Gift Card Program Application

☐ **New Gift Card Merchant** ☐ **Additional Outlet Tie To:** _____

☐ **Additional Outlet – (Entitle Only – no cards) Tie To:** _____

CLIENT INFORMATION

Client (Business Legal Name):			
DBA/Outlet Name:		Fed Tax ID: _____ - _____ - _____	
Street Address:			
City:	State:	Zip:	# of Locations:
Contact Name:	Phone:		FAX:
E-Mail:			
<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit / Tax Exempt <input type="checkbox"/> Public Corp. <input type="checkbox"/> Private Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Government			
Owner/Partner/ Officer Name:		Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V.P. <input type="checkbox"/> Member (L.L.C.) <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> _____	% of Ownership:
Street Address:			Home Phone:
City:	State:	Zip:	SSN:

EQUIPMENT DETAILS

Equipment Acquisition	Quantity	Terminal Type (if PC, enter PC)	Retail • Restaurant • Quick Service Restaurant Lodging • Supermarket • Car Rental • MOTO	Model Code and Name	Track / Version / Serial #
Customer Owned			<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> QSR <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Car Rental <input type="checkbox"/> MOTO		
Customer Owned			<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> QSR <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Car Rental <input type="checkbox"/> MOTO		
Customer Owned			<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> QSR <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Car Rental <input type="checkbox"/> MOTO		

TO BE COMPLETED BY SERVICE PROVIDER

Merchant Processing #: _____		Gift Card Merchant #: _____	
Hierarchy BANK:	AGENT:	CHAIN:	
Omaha Merchant #: _____		MCC: _____	
Sales Exec ID:	Sales Support ID:	RELM Code: 011	

CLIENT AUTHORIZATION

By signing below, each of the undersigned authorizes us to request and obtain from a consumer reporting agency personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. Each of the undersigned further more agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us. It is our policy to obtain certain information in order to verify your identity while processing your account application.

Client's Business Principal (signature): **X** _____ **Date:** _____

Print Name: _____ **Title:** _____

☐ **ATTACH A COPY OF FUNDING CHECK OR BANK LETTERHEAD/LOGO SIGNED BY A BANK OFFICER WITH TYPED ABA/DDA. MUST INCLUDE BANK NAME AND ADDRESS.**



☐ RESUBMISSION

☐ BUNDLED

Gift Card Set-Up Form For Gift Cards To GoSM

One Per Merchant – First Time Gift Card Order Only

CLIENT INFORMATION

Merchant Processing #:	Gift Card Entitlement #:	Terminal Type:	
Legal Name:	DBA Name:		
Street Address:			
City:	State:	Zip:	# of Locations:
Contact Name:	Phone:		
E-Mail:			
Reporting Contact Name: <input type="checkbox"/> Same as above <input type="checkbox"/> Other:			
Reporting E-Mail Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other:			

SHIPPING: <input type="checkbox"/> To Address above	Delivery Method:
<input type="checkbox"/> To Other Address: Please specify _____	<input type="checkbox"/> Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Next Day Air (Cost will be passed through to Client)

DESIGN INFORMATION

FRONT OF CARD LANGUAGE: <ul style="list-style-type: none">Maximum 30 characters per line.1 - 4 lines of text.Use lower and/or upper case letters and spacing where desired.Text will be printed on the cards exactly as provided. <input type="checkbox"/> TEXT IN ALL CAPS <input type="checkbox"/> Text in Upper and Lower Case	TITLE (GG-RED only)
	L1
	L2
	L3
	L4

GIFT CARDS TO GO DESIGN (includes 100 cards, 100 hanging carriers; acrylic stand):

- | | |
|---|--|
| <input type="checkbox"/> GG-BLU (Blue Green card and carrier) Text centered | <input type="checkbox"/> GG-RED (Red stripe card/Red Bow carrier) Text centered |
| <input type="checkbox"/> GG-GLD (Gold package card/Gold tone carrier) Text left justified | <input type="checkbox"/> GG-SIL (Eagle card/Silver tone carrier) Text right justified |
| <input type="checkbox"/> GG-QSR (Retro card and carrier) Text right justified | <input type="checkbox"/> GG-HOL (Polar Bear card/Green Bow carrier) Text centered (Available 8/1 - 10/31 only) |

Font Color is Black. Icons are **not** available on Gift Cards to Go

Front of Card Font: Please refer to Design ABC's document

- ☐ Century ☐ Curlz ☐ Elegant Script ☐ Euro ☐ Futura ☐ Nueva ☐ Sarah Script

BACK OF CARD LANGUAGE

Back of Card Language: Thank you very much for your business. We look forward to seeing you again.

PRICING SCHEDULE

DESCRIPTION	SEQUENCE CODE	PRICE	DESCRIPTION	SEQUENCE CODE	PRICE
Gift Cards to Go SM	G49		Transaction Fee	G01	
			Transaction Fee Monthly Minimum	G72	

CLIENT APPROVAL

ACKNOWLEDGEMENT/AUTHORIZATION: All fees for the Services shall be paid by an ACH transfer of funds from a bank account designated by Client. Client hereby authorizes Company to initiate debit and/or credit entries and adjustments from or to Client's designated account for such purpose. This authorization shall remain in full force and effect until Company has consented to its termination, at such time and in such a manner as to afford Company a reasonable opportunity to act on it. Client acknowledges that it has received and read a copy of the Gift Card Processing Agreement, the Program Guide or other applicable document containing the general terms and conditions governing the provision of Services. In the event of any conflict between such general terms and conditions, and this Gift Card Set-Up form, the terms set forth in this Gift Card Set-Up Form shall govern.

Client's Business Principal Signature:

X _____ Date: _____

Print Name: _____ Title: _____

SALES REPRESENTATIVE INFORMATION

Sales Channel Name:	Print Sales Rep. Name:	Sales Rep ID #:
Sales Rep Phone #:	Sales Rep Email:	
Secondary Contact (OA) Name:	Secondary Contact (OA) E-Mail:	
Sales Manager Name:	Sales Manager E-Mail:	