



(1) MERCHANTS INVOICING (BILL-TO) INFORMATION

Visa/MC MID #: _____	Area: _____	Service By: _____	SIC Code: _____	SIC Description.: _____
Subscriber (Your Legal Company Name): _____		Your DBA Name: (if applicable) _____		
Address: _____	Suite #: _____	City: _____	State: _____	Zip Code: _____
First/Last Contact Name: _____		Contact Title: _____		Contact Phone # for Invoice: _____
Contact Email Address: _____		Business Main Phone #: _____		Business Main Fax #: _____

Invoice Special Instructions:

(2) ACH FUNDING (SETTLEMENT) & REPORT INFORMATION

ACH Credits to TeleCheck: <i>By Subscriber (for Invoice Payment)</i>		Routing #: (Nine Digits) _____	Account: _____
ACH Debits/Credits to Subscriber: <i>By TeleCheck (for Settlement)</i>		Routing #: (Nine Digits) _____	Account: _____
Report Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail (Monthly)	Report Contact Name: _____		Report Contact Phone #: _____
Report Frequency: <input type="checkbox"/> Daily (\$15) <input type="checkbox"/> Wkly (\$10) <input type="checkbox"/> Monthly (Free)	Report Email Address: _____		Report Fax #: _____

ATTACH A VOIDED CHECK OR BANK LETTER TO ENSURE PROPER BANKING SETUP

(3) SERVICES PROVIDED and LOCATION INFORMATION

<input type="checkbox"/> ADDRESS SAME AS INVOICING (BILL-TO)		LOCATION _____ OF _____		<i>Provide a TeleCheck Bill To # when adding a location to an existing account.</i>		TCK Bill To #: _____							
Subscriber: (Your Legal Company Name) _____				Your DBA Name: (if applicable) _____									
Address: (No PO Box) _____				Suite #: _____	City: _____	State: _____	Zip Code: _____						
First/Last Contact Name: _____				Contact Title: _____			Customer Store # (CST): _____						
Contact Email Address: _____				Website: _____	Phone #: _____	Fax #: _____							
Quantity	Equipment	VAR	Platform	Gateway	PDL Product	IP Enabled?	Access Code	Auto Close (AM or PM)					
TeleCheck Product	Add Corp Ck	Average Ck Size	Monthly Ck Volume	Warranty Max	Inquiry Rate	Transaction Fee	Monthly Minimum	CROC Fee	Monthly STMT Fee	Dec. Risk Surcharge	Confirmation Notice	Funding Report Fee	Setup Fee
ECA Warranty		\$	\$	\$ _____ or FACE	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %		\$	\$
Paper Warranty		\$	\$	\$ _____ or FACE	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %			\$
Mail Order Warranty		\$	\$	\$ _____ or FACE	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %			\$
COD Warranty		\$	\$	\$ _____ or FACE	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %			\$
Multiple Hold Check Warranty		\$	\$	< 25% of Purchase Price	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %			\$
Other:		\$	\$	\$ _____ or FACE	%	\$	\$	\$ 2.50	\$ 5.00	0.10 %	\$	\$	\$

See TeleCheck Services Terms and Conditions for any additional fees. **NOTE:** See Section 35 "Damages" for early termination and liquidation damages.

(4) BUSINESS AND OWNERSHIP INFORMATION

Business/Product lines for last 2 years:			Annual Revenues:		
Name (as it appears on your income tax return):			State/Federal TAX ID (as it appears on your income tax return):		
State Incorp:	Started (MM / YYYY):	# of Empl:	Dunn & BradStreet ID:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a publicly traded corporation or its subsidiary?		<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Non-Profit / Tax Exempt		<input type="checkbox"/> I certify that I am a foreign entity / nonresident alien. (If checked, please attach IRS Form W-8.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is federally-insured? and/or a government entity?		<input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> L.L.C.			

NOTE: Failure to provide accurate information may result in a withholding of funding per IRS regulations. See TeleCheck Services Terms and Conditions Section 38 for further information.

Owner 1	Owner/Partner/Officer Name:	% Own:	D.O.B.:	Social Security #:	Home Phone:
	Home Address: (No PO Box)	Suite #:	City:	State:	Zip Code:
Owner 2	Owner/Partner/Officer Name:	% Own:	D.O.B.:	Social Security #:	Home Phone:
	Home Address: (No PO Box)	Suite #:	City:	State:	Zip Code:

(5) BANK REFERENCES (For Electronic Products)

Bank	Bank Name:	Phone #		
	Bank Contact Name:	Account #:	City:	State:

(6) TELECHECK SERVICE APPLICATION and AGREEMENT CONFIRMATION

Each of the undersigned authorizes TeleCheck to request and obtain a Consumer Report for the applicant and each of the officers/partners/proprietors/owners of the applicant. A Consumer Report is a routine report on credit worthiness, frequently used by creditors. If approved for service(s) under this Agreement, TeleCheck may obtain subsequent Consumer Reports in connection with the maintenance, updating, renewal or extension of the service(s) under this Agreement. I (we) agree that all business references, including banks and consumer reporting agencies, may release any and all credit and financial information to TeleCheck necessary for determining or maintaining my (our) credit worthiness in connection with the service(s) provided under this Agreement. I (we) agree and acknowledge that the information provided in this Merchant Application Form and other relevant credit data, may be supplied to TeleCheck.

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Subscriber authorizes its financial institution to pay and charge to its account the amount(s) due TeleCheck under this Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's service(s) under this Agreement. This authorization will remain in effect until 30 days after revoked in writing. Subscriber also certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

THIS SERVICE APPLICATION AND AGREEMENT INCLUDES ALL OF THE TERMS IN THE TELECHECK SERVICES TERMS AND CONDITIONS. SUBSCRIBER ACKNOWLEDGES HAVING RECEIVED AND READ A COPY OF THE TELECHECK SERVICES TERMS AND CONDITIONS AND AGREES TO BE BOUND BY ALL OF THE PROVISIONS CONTAINED THEREIN. THIS AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF EACH PARTY AS OF THE EFFECTIVE DATE AND IS SIGNED IN MULTIPLE COPIES, EACH BEING EFFECTIVE AS AN ORIGINAL.

The undersigned Subscriber, at the rates set forth on the attached Rate Schedule (plus all applicable taxes, shipping and handling fees), and for the covered location(s), hereby employs the TeleCheck® authorization services for an initial period of 12 months (initial here _____ for an initial term of 24 months, or here _____ for an initial term of 36 months), subject to the terms of this Agreement. Activation charges to Subscriber Account will begin no later than 10 days from shipment of Subscribers Training Materials.

OWNER 1 SIGNATURE	OWNER 2 SIGNATURE
Signature: X	Signature: X
Print Name: _____ Date: _____	Print Name: _____ Date: _____
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"/> Other: _____	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"/> Other: _____

(7) PERSONAL GUARANTY

Personal Guaranty: In exchange for TeleCheck services, the undersigned unconditionally guarantees performance of the Subscriber's obligations under this Agreement and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify TeleCheck for any and all amounts due from Subscriber under this Agreement. I understand that this is a Guaranty of payment and not of collection and that TeleCheck is relying upon this Guaranty in entering into this Agreement.

X _____
Signature: _____ Print Name: _____ Title: _____ Date: _____

----- (8) CONTRACT IS NOT VALID UNTIL APPROVED BY TELECHECK -----

ISO Sales Representative PRINT NAME	Sales Rep ID	Approving TeleCheck Manager: _____ Date: _____
Market Channel Name:	CODE:	