

MERCHANT PROCESSING APPLICATION



970 W. 190th Street, Suite 890 Torrance, CA 90502 | 888-775-1500

☐ New Merchant	☐ Ownership Change
	Existing MID:

135 Crossways Park Drive North, Suite A Woodbury, NY 11797 | 800-267-2256

1. BUSINESS INFORMATION									
Legal Business Name: Doing Bu									
Business Location Address: City			(3110WIT 0	(shown on cardholder statement) State				Zip	
Corporate Billing Address (if different):		City						Zip	
Contact Name: Business Phone:				Customer Service Phone: Fax:					
Email Address:	mail Address: Website URL:			Federal Tax ID:					
Time in Business: Number of Years: Months: Locations:	Ownership:	hip: Sole Proprietor Partnership Corporation LLC State of Incorporation Non-Profit Gov't Entity Other:					f Incorporation:		
,							hant or any o		
Indicate when product/service is received (in relation to when card is charged): ☐ Immediately ☐ 1-15 Days ☐ 16-30 Days ☐ 31-90 Days ☐ 91-120				>120 Days	Publicly Tr	raded [☐ Yes Symbol:		DUNS#:
2. PRINCIPAL INFORMATION	.0 30 Duys = 31 3	5 Buy 5 = 51 120	Duys =	- 120 Days	, company.	<u> </u>			
Principal # 1 First Name:	Last Name:		Principa	I # 2 First I	Name:		Last Na	ime:	
Position/Title:	%	Ownership	Position	/Title:					% Ownership
Social Security Number:	Da	te of Birth:	Social S	ecurity Nur	mber:				Date of Birth:
Driver's License Number:	Sta	ite:	Driver's	License Nu	umber:				State:
Home Address:	Home Address: Own Rent			Home Address: ☐ Own ☐ Rent					
City				City State Zip				Zip	
Home Phone: Cell Phone:			Home P	Home Phone: Cell Phone:					
3. PROCESSING INFORMATION								1	
Monthly Volume: Average Ticker \$	_	ndustry Type: □ Re □ Home Based	etail 🗌 R 🔲 Interne	estaurant t 🔲 I	☐ Lodging Healthcare	☐ Servio	ce 🗆 Gov't ::		ply for Next- Day Funding ubject to Bank approval)
					☐ Apply (See #12 Below)				
4. PROCESSING EQUIPMENT									
Terminal Name:		erminal be Leased? ent: \$? □ Yes	□ No □	Pin Pad:		Auto Batch time:	☐ AM ☐ PM	☐ GET Deploy☐ Agent Deploy
Payment Application Name:	Version Number	:: P	ayment Gat	ment Gateway: Special Inst			al Instructions	nstructions:	
5. ACH									
Bank Name:				Phone:					
Routing/Transit Number (include voided ch	eck):			Account	: Number:				
6. BANK DISCLOSURE Member Bank (Acquirer) Information:			Morel	ant Informa	ation:				
Merrick Bank				Merchant Information: Merchant DBA:					
Merchant Services Department				Important Merchant Responsibilities:					
 135 Crossways Park Drive North, Suite A Woodbury, NY 11797 800-267-2256 Important Member Bank Responsibilities: Merrick Bank is the only entity approved to extend acceptance of VISA products directly to a Merchant. Merrick Bank must be a principal (signor) to the Merchant Agreement. Merrick Bank is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply. Merrick Bank is responsible for and must provide settlement funds to the Merchant. Merrick Bank is responsible for all funds held in reserve that are derived from settlement. 			1. 2.	 Ensure compliance with cardholder data security and storage requirements. Maintain fraud and chargebacks below thresholds. 					
			3.						
			tly The re						
			impor						
			Merch	Merchant's Signature Date					
			Merch	nant's Name	and Title				SIGN H
Sales Agent Information:				For Inte	rnal Use:	Deal #: _			

MID:

_ Sales Agent Name:

7. PRICING INFORMATION					
- I MONTO INI OMINATION	Rate Program (select program):			AVS:	Device Setup Fee:
☐ Tiered*	☐ Flat Rate	□ Int	erchange Plus*	- \$	\$
Signature Debit: %			-	Batch Header: \$	Device Monthly Fee: \$
Discount Rate:	Swiped Disc Rate:	Discount Rate		Statement:	Device Tran Fee:
Mid-Qual Rate: + %			ı Fee: \$	Monthly Minimum:	Online Reporting:
Non-Qual Rate: + %	Keyed Disc Rate:	Per Item Fee		\$ Annual Account Maint Fee	,
Authorization Fee: \$(V/M/D)	Per Item Fee: \$	(Settled transa AMEX Auth F		\$ PCI Compliance: \$3.50 / \$12.50	\$ Manual Imprinter: \$
Per Item Fee: \$	(Keyed settled transactions)	PIN Debit Auth Fee: \$		Retrieval Request:	PIN Debit Access Fee:
(Settled V/M/D) AMEX Auth Fee: \$		EBT Auth Fee		S Chargeback:	\$ High Risk Reg Fee:
PIN Debit Auth Fee: \$		FIN3 #.		\$ Voice Auth: \$ 1.50	\$ ACH Reject: \$ 50.00
EBT Auth Fee: \$				Account Change Fee:	Other:
FNS #: * Pass-through all Association Dues and	i Assessments, Process Support and Acc	ess Fees, and De	bit Network Fees at curr	\$ 25.00 rent, applicable rates.	\$
8. SITE SURVEY (To be completed					
Type of Building:	Office Industrial I		Merchant: Owns	Is inventory consiste	
		Residence 2,000 Inspec	☐ Rents tor's Comments:	business described	above? No
By signing below, I hereby verify that the merchant at this address and the information		•	* *		d the business premises of the SIGN
			,		SIGN
Inspected by:	P	rinted Name			Date
9. SECURITY INFORMATION					
Do you store account data electronica		, indicate what	·	r Address/Zip Code	☐ Magnetic Strine Date
☐ Card Numbers ☐ Expiration Are you currently PCI DSS compliant?	☐ Yes Have you been subject	Cardholder Nar to any ongoing		se investigations? Ye	
Do you use a Shopping Cart Y	Ses Name of Service:		Do you utilize a H	☐ No Hosting ☐ Yes Name of	
Service?			Provider?	□ No	
10. MERCHANT AGREEMENT ACC					
THIS APPLICATION DOES NOT CONST					
merchant's application for services of representative of the owner(s). When	0	'		•	
the GET and Member Bank Merchant	. ,	•		·	0.
questions contained in this document	•	•			•
or obtain investigations, consumer cr notice to the Applicant. The results of	•			_	=
Application and its exhibits and suppo					· · · · · · · · · · · · · · · · · · ·
required to assure that such informa	= -	by signing belo	w acknowledge that t	hey have been given expres	s authorization to execute this
agreement on behalf of the named co TERM : Three (3) years. EARLY TERMIN	•	osina foos shara	ad to the merchant for	the provious twolve (12) ma	nthe or euch charter time if the
merchant has processed for less than	· , ,	0 0		. , ,	•
By signing below, I understand that if			•	•	•
kits which will be shipped to the mail	=				_
terms and conditions and the accepta following approval by GET. If I choose					
(10) days of the notice of cancellation		-	•	•	•
Merchant:					2. 2 22 45. 45
Principal #1:					
Officer/Owner Signature	P	rinted Name and	itle	_	Date SIGN
Principal #2:		vinted Nove	Title.		Data
Officer/Owner Signature Global Electronic Technology, Inc.:	Pi	rinted Name and ⁻	itie		Date
Ву:					
Signature of Corporate Officer Merrick Bank Corporation:	P	rinted Name and ⁻	Title		Date
ву:					

11. MOTO/INTERNET QUESTIONNAIRE (required for	· · ·	·	
Where does Merchant advertise the product/service?	How do the Merchant's o	customers place their orders?	
How are products/services delivered?	What is the Refund Policy?	Do you use a Fulfillment House?	☐ Yes ☐ No
now are products/services delivered:	What is the Meruna Folicy:	If yes, name of service:	Phone #:
12. AMERICAN EXPRESS			
American Express Discount Rate:	ransaction Fee \$		
By signing below, I represent that I have read and am aut	horized to sign and submit this application on be	nalf of the entity above and all informati	on I have provided herein
is true, complete, and accurate. I authorize American Ex	press Travel Related Services Company, Inc. ("An	nerican Express") to verify the informati	on in this application and
receive and exchange information about me personally, in	ncluding by requesting reports from consumer rep	orting agencies. I authorize and direct A	merican Express to inform
me directly, or through the entity above, of reports above	· · · · · · · · · · · · · · · · · · ·		
name and address of the agency furnishing the report			_
administrative purposes. I understand that upon America			
American Express® Card Acceptance ("Terms and Condi	· · · ·		ican Express Card for the
purchase of goods and/or services, or otherwise indicating	g its intention to be bound, the entity agrees to b	e bound by the Terms and Conditions.	
13. CUSTOMER IDENTIFICATION	DENING A NEW ACCOUNT: To halp the government	nt fight the funding of terroriem and are	nov laundaring activities
IMPORTANT INFORMATION ABOUT PROCEDURES FOR O Federal law requires all financial institutions to obtain, ve		=	=
open an account, we will ask for your name, address, dat	**	•	•
other identifying documents.	te of biltif, and other information that will allow	is to identify you. We may also ask to s	se your driver's licerise of
14. UNLAWFUL INTERNET GAMBLING ENFORCEM	MENT (HIGEA)		
Prospective merchant presents minimal risk of engaging i		lo.	
*If 'NO' is checked above, a notarized, written attestation	5 5		an internet gamhling
business. This letter must be signed by the contract signo		that it does not and will not engage in t	in internet gambing
15. PERSONAL GUARANTOR & SURETY			
Each guarantor, by signing below, hereby unconditionall	v and absolutely guarantees jointly and severall	the nunctual and full navment and no	erformance when due hy
acceleration or otherwise, of all present and future obliga			•
Merchant and Bank and GET. Obligation as used herein in	· ·	9	•
Agreement or of this Guarantee. Capital terms not other			
(the "Form") and Merchant Processing Agreement (the "A		= =	_
of collection. It shall not be necessary for Bank nor GET t			
obligations, or to resort to or marshal any property held	I as security payment therefore, before calling u	pon guarantor(s). Guarantor(s) hereby	waive any and all right of
subrogation against Merchant. Guarantor(s) waive(s) all n	otices to which guarantor(s) maybe entitled by lav	v, and waive(s) presentment, demand fo	r payment, protest, notice
of dishonor, and non-payment. Guarantor(s) consent(s)	to any extensions of time or payment modificat	ions that Bank and/or GET may enter i	into with Merchant. Each
guarantor (and each person signing this Guarantee in the	= : : : : : : : : : : : : : : : : : : :		
or other investigative agency employed by Bank and/or	GET to investigate any information regarding eac	h guarantor (and, in the case of a guara	antor that is not a natural
person, each person signing this Guarantee) as Bank an			
responsibility, or capacity to perform in accordance with	<u> </u>		
person signing this Guarantee). In addition, and if the fore			
not have sufficient funds to pay for the deconversion fees	•	, , , , , , , , , , , , , , , , , , , ,	
expenses, liabilities, and attorney's fees), Undersigned G			· ·
the United States or elsewhere to appear for GET and, w			
assigns for all amount remaining to be paid to GET pursua			
profits, costs, expenses and liabilities, including attorney		=	
services it is requesting. MERCHANT agrees that Merrick E MERCHANT and American Express. MERCHANT also agre			•
such agreement is strictly between MERCHANT and GET.			
of MERCHANT indicated herein upon such approval. MER			
Samuel Market Samuel Sa	20. 11. 12. 12. 13. 10. 00. 00. puny 0 te	22. 3 4. 25.36.764	,
(
Guarantor Signature (Principal #1)	Guarantor's Printed Name (Principal #2	Date	e SIGN I
			Sidivi
Guarantor Signature (Principal #2)	Guarantor's Printed Name (Principal #2	P) Date	2