

# APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: \_\_\_\_\_ Assoc #: \_\_\_\_\_  
 Sales Rep Name: \_\_\_\_\_ Sales Rep Code: \_\_\_\_\_ Branch #: (if applicable) \_\_\_\_\_

For purposes of this application, "Processor" or "TSYS" is TSYS Business Solutions, LLC, or one of its affiliates, located at 12202 Airport Way, Suite 100 Broomfield, CO 80021 and can be contacted at (800) 654-9256. Additional information can be found on the TSYS-affiliated website, [www.TransFirst.com](http://www.TransFirst.com).

## 1. BUSINESS INFORMATION

Legal Name of Business (25 characters max)			DBA Name (25 characters max)		
Legal Address _____ Suite _____			DBA Address (Physical location, no PO Boxes) _____ Suite _____		
City _____	State _____	ZIP _____	City _____	State _____	ZIP _____
Legal Phone Number _____		Legal Fax Number _____		DBA Phone Number _____ DBA Fax Number _____	
(____) _____ - _____		(____) _____ - _____		(____) _____ - _____	
Email Address for Notices: _____ (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)					
Customer Service Phone Number (____) _____ - _____			Length Owned: _____ Years _____ Months		
Website Address: _____					
<b>Preferred Address for:</b>					
Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address					
Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____					
<input type="checkbox"/> Email Address (TransLink) _____					
Contact Name: _____		Title _____		Phone _____	
<b>Any prior bankruptcies?</b> Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____			Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____		
<b>Business type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Retail with Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Utility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Business to Business _____%					
Detailed business description (including description of Products or Services sold). Provide separate pages if needed: _____			MCC / SIC _____		

## 2. W-9 INFORMATION (Input information as shown on your income tax return.)

Taxpayer Identification Number: (Must be 9 digits) _____ <input type="checkbox"/> EIN <input type="checkbox"/> Social Security Number or <input type="checkbox"/> ITIN		Name (as shown on your income tax return, up to 40 characters) _____	
Address for IRS/Compliance notices: (if different than Legal Address given above) _____ City _____ State _____ ZIP _____		To consent to paperless delivery of IRS notices, please review and check the box below: <input type="checkbox"/> By checking this box, you acknowledge that you have read and agree to Consent to Paperless Delivery of Tax Related Documents located at and included with this application and that you consent to receiving IRS notices via paperless delivery.	
For purposes of paperless delivery of IRS Notices, you are required to provide a valid email address. If different from the email address already provided above, please indicate the email address where you wish to receive paperless delivery of your IRS Notices. If you consent to receive IRS/Compliance notices by paperless delivery, please indicate the email address where such notices should be sent. <b>(Email address required)</b>			
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Political Organization		Exempt Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Professional Association <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non Profit Corporation	

## 3. OWNER AND OFFICER INFORMATION

NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT [WWW.TRANSFIRST.COM](http://WWW.TRANSFIRST.COM).

Name of Owner/Officer and Title	Social Security Number	Date of Birth	Percent Owned	Residential Address, City, State, Zip	Residential Phone Number
_____	_____	_____	____%	_____	_____
_____	_____	_____	____%	_____	_____

## 4. PATRIOT ACT / SITE SURVEY

**PATRIOT ACT REQUIREMENTS** - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Section I and II for all business types except if a publically-traded company or Government Entity where only Section I is required. Completion of Section III by Sales Representative is required.

Section I: Business Form of Identification	Items Reviewed	Section II: Individual Form of Identification	Items Reviewed
<input type="checkbox"/> Govt. Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Government Entity	Business Name: _____ Date and Place of Issuance: _____ ID/IRS Employer ID: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID	Name: _____ Date of Birth: _____ DL/ID#: _____ Date of Issuance: _____ State/Country of Issuance: _____ Expiration Date: _____
<b>Section III:</b> <input type="checkbox"/> On Site Visit Done by Sales Representative <input type="checkbox"/> Sales Partner Validated <input type="checkbox"/> No Site Performed Merchant's physical inventory consistent with the business signage: <input type="checkbox"/> Yes <input type="checkbox"/> No Site Consistent with application: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Signature of Sales Representative\*:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, as applicable.

**5. CARD PROCESSING INFORMATION**

**Have you ever accepted credit cards before?** ☐ Yes ☐ No If yes, what is the processor's name? \_\_\_\_\_  
Please provide the most recent 3 months of credit card processing statements.

**Number of locations?** \_\_\_\_\_ **If you are affiliated with an existing account, please provide existing Merchant ID#:** \_\_\_\_\_  
☐ Please check this box if you are applying for processing services for additional merchant locations. If the additional locations are under common ownership, federal tax identification number, same authorized signatory, please submit the Additional Merchant Addendum as Exhibit A with this application. Please note that all additional locations, along with the Primary location, will be subject to and governed by the terms and conditions of this application and the Merchant Card Processing Agreement referenced in and included with this application. If the additional locations are not under common ownership or have varying tax identification numbers and authorized signatories, you will be required to submit a separate Application for Merchant Card Processing per location.

**Do you bill your customers prior to goods being shipped?** ☐ Yes ☐ No  
If Yes, how many days? ☐ 0-2 days ☐ 3-30 days ☐ 31-60 days ☐ 61-90 days ☐ Over 90 days

**What is your Return and Refund Policy?** (Please be specific)

**How do you advertise?** (check all that apply) ☐ Yellow pages ☐ Telemarketing ☐ Catalog ☐ Word of mouth ☐ Publications ☐ Mass/Direct mail ☐ Internet  
☐ Other, please explain: \_\_\_\_\_

Please supply copies of advertising, including catalogs and brochures.  
Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL ([www.X.com](http://www.X.com), .net, .org, etc.) on each page.

**Card Types Requested?\*** Select all that apply. ☐ All Credit Cards ☐ All Credit and PIN Based Debit Cards ☐ PIN Based Debit Cards Only \*\*

**\*Merchant has the right not to accept all card types. \*\*Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, and not Merchant Bank, will settle American Express, PayPal™ In-Store, Discover, and JCB transactions.**

Credit Card Processing Methods		Do you use a third party fulfillment house?	Average Credit/Debit Transaction (Ticket) Amount:	Total Credit/Debit Monthly Sales:
Card Swiped Transactions	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Manually Keyed (Card Present with Imprints)	_____ %	If yes, provide name and address.		
Manually Keyed (Card Not Present and/or Mail Order/Telephone Order)	_____ %			
eCommerce (Card Not Present)	_____ %			
<b>Total (must equal 100%)</b>		<b>100 %</b>		
Business to Business	(must be 0 - 100%) _____ %			

**Does annual American Express volume exceed \$1,000,000?** ☐ Yes ☐ No **Would Merchant like to receive American Express marketing materials** ☐ Yes ☐ No\*

\*By checking 'No' merchant opts out of receiving future commercial marketing communications from American Express. Note that 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.

**Seasonal Business?** ☐ Yes ☐ No If Yes, indicate by "X" the months that are **ACTIVE**: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

List the names of each of your independent contractors or agents that will have access to, store, process, or transmit cardholder data, including online shopping carts, payment gateways, hosting companies, and order-taking services. (Provide separate pages if needed).

**6. BANKING INFORMATION**

Name and Phone Number of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Type of Accounts	Use this account for* (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks

\*If nothing indicated, Financial Institution #1 will be used for all ACH activity. \*\***AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the **provided voided check** (if applicable) relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

**7. TRADE REFERENCES**

Trade Name	Account Number	Phone Number	Product Sold (if applicable)

**8. FEE SCHEDULE**

PRICING (Select One): <input type="checkbox"/> QMNRC <input type="checkbox"/> Differential <input type="checkbox"/> Pass Through <input type="checkbox"/> TransFreedom				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> TTC	
<b>Fee Category:</b> Visa/MC/AXP/DISC/PP/JCB/ Diners Cards (if applicable)	<b>Discount Rate</b>	<b>Authorization Fee</b>	<b>Per Item Fee</b>	Voice/ARU Auth Fee	Chargeback Fee
Qualified or Plus Rate: (Retail, MOTO, Internet)	_____ %	All Card Types \$ _____	\$ _____	\$ _____	\$ _____
Mid-Qualified Surcharge: (Retail Only)	_____ %		\$ _____	Batch Close Fee	Retrieval Fee
Non-Qualified or Differential Surcharge: (Retail, MOTO, Internet)	_____ %		\$ _____	\$ _____	\$ _____
Rewards Surcharge: (Retail Only)	_____ % <input type="checkbox"/> with Qualified Rewards at Pass Thru			Monthly Minimum Discount	Application Setup Fee
Check Card Rebate: (Signature Based)	<input type="checkbox"/> Standard Card Rebates <input type="checkbox"/> Card Rebates at Full Difference <input type="checkbox"/> -		\$ _____	Monthly Service Fee	Reprogramming Fee
				\$ _____	\$ _____
				TransFreedom Monthly Fee	Terminal Support Fee
				\$ _____	\$ _____
				Admin Fee: \$ _____	Annual Fee: \$ _____
					Start Date: _____
Fees for Access to Card Brand Services (see description below)	_____ %		\$ _____	ACH Return Fee	<input type="checkbox"/> Merchant Savings Club
				\$ _____	Monthly Fee \$ _____
				Payment Gateway Monthly	Payment Gateway Setup
				\$ _____	\$ _____

The following association-related fees may be added to "Fees for Access to Card Brand Services" billing bundle or be itemized on merchant statements - Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC Digital Enablement, MC license fee, Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system, Visa FANF, Visa debit integrity, Credit Voucher fee for Visa, MC processing integrity, Discover data usage and American Express Access and System Processing fees. Further Visa / MC / AXP / DISC / PP mandated fees, including association Base II and kilobyte fees, Visa / MC / AXP / DISC / PP assessments, and \$15 Annual Location Fee for MC may also apply. **Batch Close Fee:** All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as Visa / MC / AXP / DISC/PP Trans Fees unless specified. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. Qualified T&E Surcharge of .60% will apply to T&E merchant transactions. **TransFreedom:** In addition to your TransFreedom Monthly fee, Automatic Volume Purchase billing may apply to volume processed in excess of the current pricing tier at a rate of \$20.00 per every \$500.00 in additional processed volume.

*Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability for them.*

## 9. ADDITIONAL SERVICES AND TERMS

☐ ACH Processing (ACH Addendum required)

☐ Check Services (CrossCheck Application required)

☐ Petro/Fleet (Petro Addendum required)  
☐ Voyager ☐ Wright Express (WEX)

### TransLink Insights

Merchant is provided a 60 day free trial period. Merchant will be billed \$29.99 per location per month if not cancelled during the free trial period. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no obligation or liability for this product or service.

☐ By checking this box, Merchant declines to participate in the TransLink Insights product.

### PIN Debit/EBT

PIN Based Debit Per Item Fee* \$ _____	PIN Based Debit Monthly Fee \$ _____	PIN Based Debit Application Fee \$ _____	EBT Per Item Fee \$ _____
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\*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.

### Transaction Central/Transaction Express Processing Services

<input type="checkbox"/> TC <input type="checkbox"/> TC Plus	TC Setup Fee \$ _____ (One time per POS)	TC Monthly Gateway Fee \$ _____ (per POS)	TXP Direct Swipe Monthly Fee \$ _____
<input type="checkbox"/> TXP <input type="checkbox"/> ACH	TXP Package Setup Fee \$ _____ (One time per POS)	TXP Package Monthly Fee \$ _____ (per POS)	Integration Fee \$ _____
QB Payment Terminal Setup Fee \$ _____ (per TXP ID)		QB Payment Terminal Monthly Fee \$ _____ (per TXP ID)	
ACH Discount Rate _____ %	ACH Trans Fee \$ _____	ACH Return Fee \$ _____	Fraud Check Fee \$ _____

### Wireless and Other Services

Wireless Setup Fee \$ _____ (One Time/Per Terminal)	Wireless Monthly Gateway Fee \$ _____ (Per Terminal)	PCI Quarterly Program Fee* \$ _____ *Fee will be reduced to \$ _____ for ongoing support once compliance is validated PCI Monthly Non Validation Fee \$ _____
Petro/Fleet (per Terminal) Setup Fee: \$ _____ Monthly Fee: \$ _____	SmartLink (per Modem) Setup Fee: \$ _____ Monthly Fee: \$ _____	
Other Fee: \$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually Breach Coverage Fee Description: _____	
Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked <input type="checkbox"/> \$ _____		
<input type="checkbox"/> Guardian Monthly Fee: \$ _____	<input type="checkbox"/> Tokenization Monthly Fee: \$ _____	<input type="checkbox"/> Encryption Monthly Fee: \$ _____
WebPass Setup Fee: \$ _____	MultiPass Setup Fee: \$ _____	Hosted Payment Setup Fee: \$ _____
WebPass Monthly Fee: \$ _____	MultiPass Monthly Fee: \$ _____	Hosted Payment Monthly Fee: \$ _____

## 10. EQUIPMENT OPTIONS

Industry: ☐ Retail ☐ Retail w/ Tips ☐ Restaurant ☐ MOTO ☐ QPS Retail ☐ QPS Restaurant ☐ Lodging ☐ Petro/Fleet ☐ Cash Advance

Equipment shipped to: ☐ DBA ☐ Legal ☐ Agent ☐ Other\* ☐ N/A Merchant trained by: ☐ Agent ☐ TSYS ☐ Other\*

Welcome Kit sent by: ☐ Agent ☐ TSYS

Welcome Kit shipped to: ☐ DBA ☐ Legal ☐ Agent ☐ Other\* ☐ N/A

\*If Other was selected above, provide shipping details below

*Name:	*Address:
*City:	*State:
	*Zip:

Item Description	Model	Version/SIM#	Qty	Code**	Price**	Bill To**	FEATURES			
Terminal							PIN Based Debit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dial Prefix	
Terminal							EBT Services	<input type="checkbox"/> Cash Benefits Only	<input type="checkbox"/> Food Stamps***	<input type="checkbox"/> Both***
Terminal							***EBT FNS/FCS# (7 digits):		Multi-Merchant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					Parent MID:		Number of Child Accts:	
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					AVS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Corp/Purch Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	eCommerce	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Verification Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quick Pymnt Srv	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Partial Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Reader							Auto Close	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Close Time	
Imager							Connection Method	<input type="checkbox"/> Dial <input type="checkbox"/> IP/SSL <input type="checkbox"/> Wireless		
Software Name							Store & Forward	<input type="checkbox"/> Yes <input type="checkbox"/> No	Memory Size	<input type="checkbox"/> 512K <input type="checkbox"/> 1Meg
Modem							EMV Capabilities	<input type="checkbox"/> Contact <input type="checkbox"/> Contactless <input type="checkbox"/> NFC		
Merchant Email Address (Required):							Tip at Time of Sale	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tip Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*Shipping, handling, and tax will be billed in addition to the equipment price listed above. If merchant owned WAY terminal, SIM # & Serial # required. Bill To Options: Merchant, Agent, TSYS, N/A  
 Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, FLS = First Data Leasing, EE = Encryption exchange, RTL = TSYS rental program or STR = Short term rental. Any free use equipment provided by TSYS is the property of TSYS and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.transfirst.com/documents and included with this application.

## 11. TRANSACTION CENTRAL/TRANSACTION EXPRESS/ PROCESSNOW HARDWARE AND CONFIGURATION

\*\*\*Required Data

Product: ☐ Transaction Central ☐ Transaction Central Plus (CC & ACH - ACH Addendum required) ☐ Transaction Express

Input Types: ☒ Virtual ☐ Web Services ☐ Batch ☐ Post ☐ Hosted Industry: ☐ Retail ☐ MOTO ☐ eCommerce

\*\*\*Integrated Product Name:

\*\*\*Integrated Website Address:

\*\*\*Welcome Email Address:

Item Description	Config/Color	Qty	Code**	Price**	Bill To**	TC FEATURES*		TC EXTENDED FEATURES*	
MagTek CR						Batch Close Method	<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> M/A		
Epson TM-T20 Printer	<input type="checkbox"/> USB <input type="checkbox"/> Serial					Recurring Method	<input type="checkbox"/> A <input type="checkbox"/> M	Corp/Purch Cards	<input type="checkbox"/> Y
iPad/register/print/scan/2swipers						Multi-User	<input type="checkbox"/> Y	Dup Card Acceptance	<input type="checkbox"/> Y
iPad/register/print/2swipers						Batch Upload	<input type="checkbox"/> Y	ECI (req'd for internet)	<input type="checkbox"/> Y

Item Description	Config/Color	Qty	Code	Price**	Bill To**	TC FEATURES*		TC EXTENDED FEATURES*	
NoTab/register/print/scan/2swipe						Allow Blind Credits	<input type="checkbox"/> Y	AVS	<input checked="" type="checkbox"/> Y
NoTab/register/print/2swipers						Group ID:		Private Label	<input type="checkbox"/> Y
iPadMini/print/2swipers						PIN Based Debit	<input type="checkbox"/> Y		
iPadMini/2swipers						TXP PROCESSING OPTIONS*			
iPadAir/Stand/NoTab/2swipers						Batch Close Method	<input checked="" type="checkbox"/> M/A	Batch Close Time:	
2 Mobile Swipers						Direct Swipe	<input type="checkbox"/> Y	Intrchnng Optimization	<input type="checkbox"/> Y
1 Mobile Swiper						Partial Auth	<input type="checkbox"/> Y	Resp Code Monitoring	<input type="checkbox"/> Y
						Batch Response File	<input type="checkbox"/> Y	Private Label	<input type="checkbox"/> Y
						Group ID:			
<p><b>*Important:</b> If feature not selected, it will be defaulted off. If Manual Recurring is selected, Auto Recurring is also activated. If both ECI and Recurring needs to be setup under 1 MID, 2 Transaction Central setups are required. <b>Note: A=Auto / M=Manual</b></p>									

**Special Instructions:**

\*\*Shipping, handling, and tax will be billed in addition to the equipment price listed above. **Bill To Options: Merchant, Agent, TSYS, N/A**

**Codes:** FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, PI = Purchase Installments, FLS = First Data Leasing, EE = Encryption exchange, RTL = TSYS rental program or STR = Short term rental. Any free use equipment provided by TSYS is, as between Merchant and TSYS, the property of TSYS and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at [www.transfirst.com/documents](http://www.transfirst.com/documents) and included with this application.

**PLEASE CAREFULLY REVIEW THE MERCHANT CARD PROCESSING OPERATING GUIDE (the "OPERATING GUIDE") AND THE TERMS AND CONDITIONS OF VERSION 14.0417 OF THE MERCHANT CARD PROCESSING AGREEMENT (the "MPA") AVAILABLE AT [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), EACH OF WHICH IS HEREBY INCORPORATED BY REFERENCE. IF APPLICABLE, PLEASE ALSO CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 5.0614 OF THE CARD NOT PRESENT ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT AVAILABLE AT [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), WHICH IS HEREBY INCORPORATED BY REFERENCE.**

Agreement Signature: As the person signing below on behalf of the business designated on the above application as the Merchant, I certify that I am an owner, partner or officer of the Merchant and have been duly authorized to sign this application and to bind the Merchant to the MPA and the Operating Guide. Merchant and each Guarantor signing below hereby acknowledge that they have each read this application and the MPA and agree to be bound by the terms and conditions contained in these documents. Merchant (and Guarantor when applicable) by signing below agrees to comply with the Operating Guide. Merchant certifies that all information provided in this application is true, correct and complete. Merchant (and Guarantor when applicable) authorizes the Merchant Bank and Processor or their respective agents to make whatever inquiries the Merchant Bank or Processor deems appropriate to investigate and verify any of the credit, financial and other information given by Merchant for the purpose of this application, including credit references and to obtain credit reports on each person signing below. Credit or other information on Merchant, owners, officers and any guarantors of the Merchant may be requested for purposes of this application and during the merchant processing relationship pursuant to the MPA.

If 'RTL' or 'STR' is indicated in Section 10, then by signing below, and upon receiving delivery of the rental equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of either the POS Portal Rental Agreement or the Equipment Terms set forth in Section 24 of the Merchant Card Processing Agreement (as applicable). If renting equipment from POS Portal, Inc. ("POS Portal") Merchant authorizes POS Portal to verify the application information and receive and exchange information about Merchant, including requesting reports from consumer reporting agencies. If 'FLS' is indicated, then by signing below and upon receipt of the First Data Global Leasing (FDGL) equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of the Equipment Lease Agreement.

Processor will settle your American Express®, PayPal In-Store Checkout and Discover® transactions and (a) Merchant will receive one consolidated statement from Processor that will reflect Merchant's Visa, MasterCard, American Express, PayPal In-Store Checkout and Discover transactions; (b) Merchant's American Express, PayPal In-Store Checkout and Discover settlement funds will be paid at the same time and in the same manner as Merchant's Visa and MasterCard settlement; and (c) Merchant will not have a direct relationship with American Express, PayPal or Discover and the terms set forth in the MPA for American Express, PayPal In-Store and Discover transactions will apply. By signing below, Merchant agrees to be bound by the PayPal Operating Regulations for In-Store Checkout and the American Express merchant requirements contained in the Operating Guide. Merchant consents to the disclosure of transaction data, merchant data and other information about the Merchant to American Express and to the use by American Express of such information to perform its responsibilities in connection with the provision of its services, to promote the American Express Network, perform analytics and create reports, and for any other lawful business purposes including marketing purposes. Merchant agrees American Express may use any information in this application to screen and/or monitor Merchant in connection with American Express card marketing and administrative purposes.

If the TransFreedom Program is selected above, then by signing Merchant acknowledges, accepts and agrees that pricing is based upon processed volume and average ticket size and that this pricing may be subject to Automatic Volume Purchase billing, in addition to the TransFreedom monthly fee, if Merchant's actual processing volume exceeds its current pricing tier. Merchant accepts and agrees that it is obligated for all monthly pricing based on its processed volume and average ticket size, including any applicable Automatic Volume Purchase billing.

If Check Services is selected above, then CrossCheck acceptance shall be added to this application and by signing below, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement and as set forth by CrossCheck. Merchant acknowledges that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck.

By electing to process Credit Card and/or Debit Card transactions and by signing this application, Merchant grants consent and authorization to Merchant Bank or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under and in accordance with the terms and conditions of the this application and the MPA.

By electing to process ACH transactions and by signing this application, Merchant grants consent and authorization to Processor or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under the Automated Clearing House (ACH) Addendum and ACH Terms and Conditions available at [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), which are incorporated by this reference. By signing below Merchant acknowledges that it has read and agrees to be bound by the ACH Addendum and the ACH Terms and Conditions (v5.0417TC for TC Plus or v3.0417TXP for TXP ACH depending on processing services selected in Section 9).

Merchant certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

Any unilateral alteration, strikeover or modification to the preprinted text or line entries of the application or MPA shall be of no effect. Merchant acknowledges that the parties may produce and rely upon a copy or electronically stored image of the merchant application and MPA for all legal purposes.

12. MERCHANT(S) SIGNATURE(S)		GUARANTOR(S) SIGNATURE(S)	
1) _____ Merchant Signature (Owner or Officer) _____ Date _____	1) _____ Guarantor Signature _____ Date _____	Print name _____ Title _____	Print name _____ (No Titles) _____
2) _____ Merchant Signature (Owner or Officer) _____ Date _____	2) _____ Guarantor Signature _____ Date _____	Print name _____ Title _____	Print name _____ (No Titles) _____

## CARD ORGANIZATION DISCLOSURE PAGE

### Merchant Services Provider Contact Information

Name: TSYS Business Solutions, LLC  
 Address: 12202 Airport Way, Suite 100 Broomfield, CO 80021  
 URL: [www.TransFirst.com](http://www.TransFirst.com)  
 Customer Service #: (800) 654-9256

### Member Bank/Merchant Bank Information

The Bank's mailing address is Wells Fargo Bank, N.A., 1200 Montego, Walnut Creek, CA, 94598, and the phone number is (925) 746-4167.

### Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Card Processing Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

### Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below thresholds.
- Review and understand the terms of the Merchant Card Processing Agreement.
- Retain a signed copy of this Card Organization Disclosure Page.
- Comply with Visa Regulations. You may download a copy from Visa's website at:  
[http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- Comply with MasterCard Regulations. You may download a copy from MasterCard's website at:  
<http://www.mastercard.com/us/merchant/support/rules.html>
- Ensure compliance with American Express Program Requirements.
- Ensure compliance with Discover Card Acceptance regulations.
- Ensure compliance with PayPal Operating Regulations for In-Store Checkout.

The responsibilities above do not replace the terms of the Merchant Card Processing Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

### Merchant Information (\* = Required)

\*Business Legal Name (Printed): \_\_\_\_\_

\*Business Address: \_\_\_\_\_

\*Business Phone: \_\_\_\_\_

\*Signature of Owner or Officer: \_\_\_\_\_

\*Printed Name of Owner or Officer: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Date: \_\_\_\_\_