

Please read this entire document. Complete every section that applies to you based on the instructions provided. This application must be signed and dated.

Merchant Documentation Required

- **For all merchants processing \$50,000 or less monthly**
 - ☐ Signed and completed merchant application form with personal guarantee
 - ☐ Void check showing legal name and company address/letter from financial institution confirming bank details, or deposit slip and starter check
 - ☐ Articles of incorporation
 - ☐ Completed MOTO/Internet Questionnaire
 - ☐ If applying for e-commerce, website must be fully functional and must contain, at a minimum: Secure Payment Page, Return/Refund Policy, Terms and Conditions, Privacy Policy, Shipping Policy, Currency of Transaction, Contact Information and a complete description of goods/services sold. You must also include a non-expiring user name and password.
 - ☐ 501(c) for non-profit organizations, if not available online
 - ☐ If MOTO, copies of any brochures, ads, or catalogs, as applicable, and a complete description of your business model, including but not limited to target market, advertising, description of goods and services being sold, return policy, and a description of how orders are placed, processed, and fulfilled
- **For merchants processing over \$50,000 a month, the following additional information is required:**
 - ☐ Three consecutive months' processing statements dated within the last 90 days
 - ☐ Most recent financials or corporate tax returns
 - ☐ Two (2) years of personal financial statements and tax returns for all principals (only for sole proprietorship or partnership)

PLEASE NOTE:

- Each item listed above is required before your application can be accepted.
- Once the application has been completed and signed and the required documentation gathered, please email or fax the complete package to:
 -
 -

NOTES/EXCEPTIONS: This section is reserved for Sales Representative use only.

BANK DISCLOSURE

Member Bank Information: Merrick Bank, 135 Crossways Park Drive North, Woodbury, NY 11797 · (800) 328-9155

Important Bank Responsibilities:

1. Merrick Bank is the only entity approved to extend acceptance of Visa & MasterCard products directly to a Merchant.
2. Merrick Bank is responsible for educating Merchants on pertinent Visa & MasterCard Network Rules with which Merchants must comply.
3. Merrick Bank, not the ISO, must hold, administer and control all reserve funds derived from settlement.
4. Merrick Bank, not the ISO, must hold, administer and control settlement funds for the Merchant.
5. Merrick Bank must be a party to the Agreement.

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

Merchant Information: Refer to Merchant Application

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Review and understand the terms of the Merchant Agreement.
3. Maintain fraud and chargebacks below thresholds.
4. Comply with the Network Rules.

Merchant's Signature: _____

Date: _____

BUSINESS INFORMATION			
Merchant Name (DBA or Trade Name) _____		Corporate Legal Name (If different) _____	
Location Address _____		Corporate Address (If different) _____	
City _____	State _____	Country _____	Zip _____
Contact Name _____		Contact Email _____	
Contact Telephone # _____		Contact Fax # _____	Customer Service # _____
Technical Contact Telephone # _____		Technical Contact Email Address _____	
Federal Tax # _____	Information to Appear on Cardholder's Statement (Max. 25 characters, including phone number and spaces) Business Name _____ Phone # _____		Company Web Site _____ (If applicable)
Years in Business _____ Years Processing (If different) _____		Fully Describe the Product or Service Being Offered _____ _____ _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit (Must provide 501-C, or other proof) <input type="checkbox"/> LLC State: _____		Merchant Type <input type="checkbox"/> Internet <input type="checkbox"/> Mail/Phone Order <input type="checkbox"/> Public Sector <input type="checkbox"/> Utility <input type="checkbox"/> Lodging <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail	
PRINCIPALS/BENEFICIAL OWNERS			
Principal/Beneficial Owner #1			
First Name _____ Middle _____ Last Name _____ SSN _____ % Ownership _____ Driver's License _____ Title _____ Date of Birth (dd/mm/yy) _____ Home Address _____ City _____ State _____ Country _____ Zip _____ Home Phone _____ Cell Phone _____ Email Address _____			
Principal/Beneficial Owner #2			
First Name _____ Middle _____ Last Name _____ SSN _____ % Ownership _____ Driver's License _____ Title _____ Date of Birth (dd/mm/yy) _____ Home Address _____ City _____ State _____ Country _____ Zip _____ Home Phone _____ Cell Phone _____ Email Address _____			
Principal/Beneficial Owner #3			
First Name _____ Middle _____ Last Name _____ SSN _____ % Ownership _____ Driver's License _____ Title _____ Date of Birth (dd/mm/yy) _____ Home Address _____ City _____ State _____ Country _____ Zip _____ Home Phone _____ Cell Phone _____ Email Address _____			
Principal/Beneficial Owner #4			
First Name _____ Middle _____ Last Name _____ SSN _____ % Ownership _____ Driver's License _____ Title _____ Date of Birth (dd/mm/yy) _____ Home Address _____ City _____ State _____ Country _____ Zip _____ Home Phone _____ Cell Phone _____ Email Address _____			
Controlling Position/Beneficial Owner			
First Name _____ Middle _____ Last Name _____ SSN _____ Controlling Interest <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License _____ Title _____ Date of Birth (dd/mm/yy) _____ Home Address _____ City _____ State _____ Country _____ Zip _____ Home Phone _____ Cell Phone _____ Email Address _____			
Have Merchant or Owners/Principals Ever Had a Processing Agreement Terminated by a Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for Termination _____			
Have Merchant or Owners/Principals Ever Filed For <input type="checkbox"/> Business Bankruptcy <input type="checkbox"/> Personal Bankruptcy If Yes, Indicate Year _____			
Depository Bank Account Information Attach VOID check for account listed. Name on check must match legal or DBA name. By providing the following reference information, you are authorizing Bank to initiate ACH debit & credit transactions to said account.		Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings	Routing # _____ Account # _____
Key Supplier References (List two contacts below) Trade _____ Name _____ Contact # _____ Trade _____ Name _____ Contact # _____			

EQUIPMENT / PAYMENT APPLICATION SOFTWARE INFORMATION

Complete section below if you will be using a POS processing terminal or a payment application software

Equipment Status Purchase Lease Customer Owned	Quantity	Equipment Type (Terminal, PIN Pad, Software, etc.)	Unit Price w/o Tax	Payment Application Version Number	Model Code and Name or Payment Application Name
Dial Access Code <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> None <input type="checkbox"/> Other (Specify _____)			Processor/Network <input type="checkbox"/> TSYS/Vital <input type="checkbox"/> CardSystems <input type="checkbox"/> Global <input type="checkbox"/> Other (Specify _____)		
Training From: <input type="checkbox"/> Paysafe <input type="checkbox"/> Sales Rep Best Time to Call _____ a.m./p.m. ET			Additional Comments _____ (Please provide details if you are using an integrated POS system, including the version of the payment application in use.)		

CARD ACCEPTANCE

Does This Location Currently Take Payment Cards? ☐ No ☐ Yes

Will You Be Keeping Your Account? ☐ No ☐ Yes

Reason for Leaving Current Processor: _____

Method of Card Acceptance (Total must equal 100%)

Credit Card Swiped _____% MOTO _____% Internet _____%

If MOTO or Internet, will you be using a non-Paysafe Gateway?

If so, please name: _____

Highest Ticket Amount

\$ _____

Average Ticket Amount

\$ _____

Monthly Payment Card Volume

\$ _____

Other Cards Accepted (Indicate account number for existing accounts below)

American Express ☐ Apply or Existing _____

Other _____

Do You Need the Ability to Process Recurring Transactions?

☐ No ☐ Yes

SITE INSPECTION

Merchant ☐ Owns ☐ Rents

Building Type

☐ Shopping Center ☐ Office Building ☐ Industrial Building ☐ Residence

Estimate Square Footage

☐ 0-500 ☐ 501-2500 ☐ 2501-5000 ☐ 5001+

Based upon your review, does the Merchant have the appropriate facilities, equipment, inventory, personnel and license or permit to operate their business? ☐ No ☐ Yes

Inspector Comments _____

By signing here, inspector is certifying he/she has visited the location and information provided is true and correct to the best of his/her knowledge:

Inspector Name _____ Inspection Date _____ Signature _____

SCHEDULE A – PRICING

Blended Discount Rates	Ecommerce/ MOTO	Retail	Per Transaction Fees	Ecommerce/ MOTO	Retail
Visa/MC/Discover Qualified ¹	%	%	Visa/MC/Discover (These fees are for all submitted authorizations)	\$	\$
Visa/MC/Discover Mid-Qualified ²	%	%	Visa/MC/Discover MID-Qualified ³	\$	\$
Visa/MC/Discover Non-Qualified ⁴	%	%	Visa/MC/Discover Non-Qualified ⁵	\$	\$
Visa/MC/Discover Bundled Rate ⁶	%	%	Amex	\$	\$
Amex Bundled Rate ⁶	%	%	Debit/AMT (PIN Based)	NA	\$
Offline/Debit Card	NA	%	EBT	NA	\$
Assessments	Pass-through	Pass-through	3D Secure	\$	NA
Set-up Fees	Ecommerce/ MOTO	Retail	Other Fees (If applicable)	Ecommerce/ MOTO	Retail
Application (Non-refundable)	\$	\$	Per Chargeback	\$	\$
Recurring Billing Setup	\$	NA	Per Chargeback Reversal	\$	\$
Mobile POS Comm. Service Setup	NA	\$	Per Retrieval Request	\$	\$
Amex Application Handling	\$	\$	Per Authorization	NA	\$
Monthly Fees	Ecommerce/ MOTO	Retail	Per Voice Authorization	NA	\$
Account Maintenance	\$	\$	Per ACH	\$	NA
Online Reporting	\$	\$	Per failed ACH	\$	NA
Minimum Processing	\$	\$	Per Transaction Address Verification Service	\$	\$
Secure Gateway	\$	\$	Per Secure Gateway Transaction	\$	NA
Recurring Billing	\$	NA	Per Mobile Terminal Transaction	NA	\$
Statement	\$	\$	Per Transaction Batch	NA	\$
Mobile Terminal Service	NA	\$	Annual Membership	\$	\$
Paysafe Merchant Club	NA	\$	Annual Equipment Warranty	NA	\$
Discount Fee for Monthly Charges	NA	%	MCP fee for processing currency		
Website Monitoring	\$	NA	Specify currency(ies):	5%	5%
High Risk Monitoring	\$	NA			
			Other, Specify:	\$	\$
Automated Billing Updater Fees			Special Terms:		
Merchant Enrollment	\$				
Monthly	\$				
Per Match	\$				
Per Record submitted in a Query File	\$				

¹Value represents the qualified rate applied to all transactions

²Value is applied above true interchange, assessments and bank costs for Mid-Qualified transactions, unless indicated by checking this box, ☐ in which case it is charged in addition to the "Qualified Rate" for any Mid-Qualified transactions

³Charged in addition to the "Per Visa/MC/Discover Transaction Fee" for any Mid-Qualified transactions

⁴Value is applied above true interchange, assessments and bank costs for Non-Qualified transactions, unless indicated by checking this box, ☐ in which case it is charged in addition to the "Qualified Rate" for any Non-Qualified transactions

⁵Charged in addition to the "Per Visa/MC/Discover Transaction Fee" for any Non-Qualified transactions

⁶Value represents discount rate to be charged on all transactions, regardless of qualification level

SCHEDULE B – CARD, SERVICE AND EQUIPMENT/SOFTWARE

Merchant has 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.

As of the date of this Agreement, Merchant has requested and Bank has approved Merchant's use of the following services:

- Authorization services for Visa, MasterCard, Discover, American Express, Diners Club, and JCB
- Transaction processing services for Visa, MasterCard, and Discover
- Cardholder Address Verification

Merchant hereby authorizes Paysafe Merchant Services Corp. to apply for American Express merchant accounts on their behalf. Merchant shall be subject to the respective terms and conditions (including but not limited to fees and charges) of the American Express agreements related to the processing of those card brands. The services provided by the Authorization Center will be available to Merchant 24 hours a day, 7 days a week. Every effort will be made to keep the system operational except for normal maintenance, which will occur during normally off-peak hours.

SCHEDULE C – RESERVES, SECURITY DEPOSIT, AND TRANSACTION SETTLEMENT

RESERVES

Following the seventh (7th) month of operation (and every month thereafter) the reserves generated from the first (1st) month of operation (and every month thereafter) will be forwarded to the Merchant.

Unless otherwise required by Bank, the amount of the Reserve Account shall be _____ % of the total of all approved and settled Transactions, over the previous six (6) month period, unless increased in accordance with Section 3.05 and this Schedule. In the event of termination, all reserves shall be held until the beginning of the 7th month, rather than repaid each month.

The amount of the Reserve Account shall be amended if the percentage of Chargebacks exceeds 1% of overall processing volume.

TRANSACTION SETTLEMENT

Transactions will be settled _____ (e.g., X times per week) and _____ days (business ☐ or calendar ☐ – check one) in arrears.

MERCHANT APPLICATION AND AGREEMENT ACCEPTANCE

Capitalized terms not defined in this Acceptance Section have the meanings set forth below in the Terms and Condition.

Important Information about Procedures for Opening a New Account: 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

By executing this Merchant Application ("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 the Merchant to ISO and Merrick Bank Corporation ("BANK") and contained in this Application is true, correct and complete as of the date of this Application; (ii) If the Merchant is a corporation, limited liability company, or partnership, the individual(s) executing this Application have the requisite legal power and authority to complete and submit this Application on behalf of the Merchant and to make and provide the acknowledgements, authorizations and agreements set forth herein on behalf of the Merchant and individually and to bind the Merchant to the terms of this Application, the Guaranty and the Terms and Conditions set forth at www.support.optimalpayments.com/repository/agreements/Merrick_Terms_and_Conditions.pdf, as may be amended from time to time (collectively, the "Agreement"); (iii) The information contained in this Application is provided for the purpose of obtaining, or maintaining, a merchant account for the 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 the Merchant and each person listed on this Application; (v) BANK will determine all rates, fees and charges and notify the Merchant of the approved fees and by Merchant's submission and acceptance of Merchant's first settled transaction, the Merchant agrees to pay such fees in accordance with the terms of the Agreement; (vi) The Agreement will not take effect until the Merchant has been approved by BANK and a merchant number has been issued to the Merchant; and (vii) the Merchant and the undersigned have received, read, and understood the Agreement, and the Merchant agrees to be bound by the terms of the Agreement.

As provided in Section 4.01 of the Terms and Conditions, the term of this Agreement shall be three (3) years; Merchant may terminate this Agreement, in accordance with the procedures of Section 4.01, without cause or penalty within 45 days after the Agreement becomes effective, after which time termination or abandonment of the Agreement without cause may result in assessment of Early Termination Fees.

The Merchant acknowledges that this Application is being submitted to BANK, as the member bank of the Card Networks, by Paysafe Merchant Services Corp. ("ISO") which shall be a party to this Agreement. The Merchant acknowledges that ISO and Bank 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 all the rights of BANK under this Merchant Application and Agreement.

*In the event that an individual listed on this application is a Canadian resident, Paysafe Merchant Services Inc. shall have the authority to make any inquiries with any third party we consider necessary to confirm your registration with us. This includes your authorization to order a credit report and verifying the information you provide against third-party databases. In the case of US residents, Paysafe Merchant Services Corp. shall

Merchant

Principal #1 _____ Title _____
Principal Name _____ Date _____

Principal #2 _____ Title _____
Principal Name _____ Date _____

By signing above Merchant further acknowledges that they have read, understand and agree to be bound by the terms of PCI Compliance as described on this site: www.visa.com/cisp.

☐ By checking this box, Merchant opts out of receiving future commercial marketing communications from American Express.

Bank

By _____ Title _____
Name _____ Date _____

ISO

By _____ Title _____
Name _____ Date _____

CONTINUING PERSONAL GUARANTY PROVISION – PERSONAL GUARANTOR

Capitalized terms not defined in this Guaranty have the meanings set forth below in the Terms and Condition.

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 the Merchant identified above under the Merchant Agreement, as amended from time to time, including, without limitation, all promises and covenants of the Merchant, and all amounts payable by the Merchant under the Merchant Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorney's fees and court costs. This Guaranty means, among other things, that ISO or BANK can demand performance or payment from any Guarantor if the Merchant fails to perform any obligation or pay what the 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 Merchant Agreement cannot be enforced against the Merchant for any reason, including, without limitation, the initiation of bankruptcy proceedings; (2) either ISO or BANK agrees to changes or modifications to the Merchant Agreement, with or without notice to Guarantor; (3) ISO or BANK releases any other Guarantor or the Merchant from any obligation under the Merchant Agreement, as applicable; (4) any Law affects the rights of either ISO, Merchant, or BANK under the Merchant Agreement; and/or (5) anything else happens that may affect the rights of either ISO or BANK against the Merchant or any other Guarantor. Each Guarantor further agrees that: (a) ISO and BANK each may delay enforcing any of its rights under this guaranty without losing such rights; (b) ISO and BANK each can demand payment from such Guarantor without first seeking payment from the Merchant or any other Guarantor or from any security held by the BANK; and (c) such Guarantor will pay all court costs, attorney's fees, and collection costs incurred by either ISO or the BANK in connection with the enforcement of the Merchant 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 the Merchant is a corporation, limited liability company, partnership or other entity, this Guaranty must be executed by a principal of Merchant.

Principal #1 _____
Print Name _____ Date _____

Principal #2 _____
Principal Name _____ 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):

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

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)).

I, the undersigned _____, 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.

Signature: _____ **Date:** _____

MOTO/INTERNET QUESTIONNAIRE

1. Will you accept payment for products/services on your Web site? ☐ Yes ☐ No ☐ I do not have a Web site.
If No, go to 2. Otherwise, provide the name of your SSL provider (e.g., Verisign, Thawte, Entrust, Other – specify) _____
2. What % of your products/services will be sold/delivered in the following markets (total must equal 100%)?
North America _____ % Europe _____ % Other Markets _____ %
3. What percentage do you sell to Business _____ % Consumers _____ %
4. Briefly outline your return policy. ☐ Greater than 30 Days ☐ Less than 30 Days ☐ No Returns ☐ Other (Please Specify) _____
If No Returns, why are refunds not provided? _____ (If no refunds, go to 9)
5. What percentage of refunds (to your total monthly sales) is usual? _____ %. How many days does a refund usually take? _____ days
6. Do you refund 100% of the purchase price? ☐ Yes ☐ No If No, please provide further details. _____
7. Describe in detail products/services sold, including pricing. *Use separate sheet if necessary.* _____
8. When do you charge the customer? ☐ Shipment/Completion of Service ☐ Order
9. In the case where a product is shipped, is the shipment traceable? ☐ Yes ☐ No Is a delivery receipt requested? ☐ Yes ☐ No
10. Please state the normal "turnaround time" from when you receive the order to the customer receiving the goods/services. _____ days.
11. Do you take advance deposits (a percentage of the full value or a fixed part-payment paid in advance)? ☐ Yes ☐ No
If Yes, what % of the final price is paid as a deposit? _____ % What fixed deposit is taken? \$ _____
12. Where is your product warehoused? Address _____ City _____ State/Zip _____
13. Do you own the product/inventory at the time of sale? ☐ Yes ☐ No
14. Are there any other companies involved in accepting, shipping, or fulfilling the service or product or the billing of the customer? ☐ Yes ☐ No
If Yes, who are they and what do they do? *Use separate sheet if necessary.* _____
15. How do you advertise? (Catalogs, magazines, TV, Internet, etc.) List all that apply. _____
16. Who enters credit card information into the processing system? ☐ Consumer ☐ Fulfillment Center ☐ Merchant ☐ Other _____
17. Is your processing seasonal (mild fluctuations can be answered as "No")? ☐ Yes ☐ No If Yes, please check the busiest months.
Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec ☐

18. Do you take payments for memberships, subscriptions, or packages? ☐ Yes ☐ No If Yes, please provide the usual breakdown of transactions (by % of total sales) and their respective price points.

Membership/Subscription Period	Package (e.g., 10 credits or 5 passes)	Price Point	Percentage of Sales
Weekly <input type="checkbox"/>			
Monthly <input type="checkbox"/>			
Quarterly <input type="checkbox"/>			
Six-Monthly <input type="checkbox"/>			
Annually <input type="checkbox"/>			
Other <input type="checkbox"/>			

19. If packages or memberships are sold, what is the average amount of time it takes a customer to use up their package? _____
20. If memberships or subscriptions are sold, how do you manage the recurring payments? ☐ Paysafe's RB Module ☐ Other _____
21. Are you using a 3rd party provider to manage your chargebacks? ☐ Yes ☐ No
If Yes, what is the name of the company? _____
22. Do you want to capture the Consumer Billing Address (AVS) on any of your transactions? ☐ Yes ☐ No
a) If Yes, in the case where there is no AVS match, would you like us to decline the transaction or send you the response so that you can make the appropriate decision? ☐ Decline ☐ Send Response
23. Do you want to capture the Card Validation Value (CVV) from the back of the card on any of your transactions? ☐ Yes ☐ No
a) If Yes, we will decline the transaction if the CVV value does not match.
24. Do you currently perform Verified by Visa or MasterCard SecureCode with any of your transactions? ☐ Yes ☐ No
a) If No, are you interested in implementing this fraud mitigation tool through Paysafe? ☐ Yes ☐ No
25. Would you like to accept mobile/digital wallet payment methods? ☐ Yes ☐ No
a) If Yes, please indicate which service(s) you require: ☐ Apple Pay ☐ Google Pay