

MERCHANT APPLICATION AND AGREEMENT

North/North

Agent Code

Merchant #

Sales Rep Signature: _____

Print Sales Rep Name:

Sales Rep Phone #:



CardCoN1708(ia)	BUSINESS INFORMATION	CardCoN1708(ia)
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Legal Name of Business:		Business Open Date:		State in which papers were filed:		Type of Business:	
DBA Name:		Types of goods or services sold:					
Location Address:							
City, State, Zip:		Have you ever accepted Visa, MasterCard, Discover or American Express? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a previous processing statement)					
Contact Name and Title:							
Phone:		Fax:		Current length of ownership:		# of Locations:	
Email Address:		Average Monthly Volume VS/MC/DSVR/AMEX:		Average Ticket Amount VS/MC/DSVR/AMEX:		High Ticket Amount VS/MC/DSVR/AMEX:	
Website Address: http://		\$		\$		\$	
Mailing Address (if different from location):		Swiped		%		Face to Face	
City, State, Zip:		Keyed w/imprint		%		MOTO (mail order)	
Country:		Keyed w/out imprint		%		Internet	
Phone:		Fax:		TOTAL		100%	
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name/address:		Products / Services are delivered in: TOTAL = 100%		0-7 days		%	
Please identify any Software used for storing, transmitting, or processing Card transactions or authorization reports:		Have you ever had a bankcard relationship terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list reason:		%	
		Date of Termination:		Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No		High Volume Months:	
		15-30 days		%		over 30 days	

OWNERS / OFFICERS INFORMATION (Partnership Must Reflect 51% or More Ownership)

<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> Corporation <input type="checkbox"/> Other: Choose		
Name (as it appears on your income tax return)	FEDERAL TAX ID # (as it appears on your income tax return)	<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

1. Name:		Title:		Social Security #:	
Current Residence Address:		City, State, Zip:		Phone #:	
Previous Residence Address:		City, State, Zip:		Date of Birth:	% of Ownership:
2. Name:		Title:		Social Security #:	
Current Residence Address:		City, State, Zip:		Phone #:	
Previous Residence Address:		City, State, Zip:		Date of Birth:	% of Ownership:

BANK ACCOUNT AND TRADE INFORMATION (Include a voided check when submitted)

Bank and Branch Name:		Bank Contact:	
Phone #:	Routing #:	Account #:	Date Opened Acct.:
Trade Name:	Products Purchased:	Contact:	Phone #:
Trade Name:	Products Purchased:	Contact:	Phone #:

PIN Debit *(Must complete only one of the following fees if PIN Debit is selected)*

Bundled PIN Debit
(191, Key 0-593) \$ _____ **OR** **Unbundled PIN Debit**
(018, Key 0-590, Key 0-593) \$ _____ *(plus the applicable network fees)*

PIN Debit Declined Transaction Fee: (42R) \$ _____

Bundled Debit Package

Card Type	Transaction Fee		Discount		Card Type	Transaction Fee		Discount	
PIN/Non-PIN					Non-PIN				
<input type="checkbox"/> Regulated	(28K)	\$ _____	(27I)	_____ %	<input type="checkbox"/> Regulated	(28C)	\$ _____	(27D)	_____ %
<input type="checkbox"/> Unregulated	(124)	\$ _____	(120)	_____ %	<input type="checkbox"/> Unregulated	(28G)	\$ _____	(27G)	_____ %
<input type="checkbox"/> Combined	(124)	\$ _____	(120)	_____ %	<input type="checkbox"/> Combined	(28G)	\$ _____	(27G)	_____ %

Tiered Pricing *(Select One)*

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Non-Qualified Non-PIN Debit	(864) _____ %	(154, 155) \$ _____
MC Mid-Qualified Credit	(810) _____ %	(611, 612) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____
MC Qualified Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____
MC Mid-Qualified Non-PIN Debit	(870) _____ %	(140, 141) \$ _____	Discover Qualified Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
MC Non-Qualified Non-PIN Debit	(880) _____ %	(150, 151) \$ _____	Discover Mid-Qualified Non-PIN Debit	(968) _____ %	(791, 792) \$ _____
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Non-Qualified Non-PIN Debit	(978) _____ %	(795, 796) \$ _____
Visa Mid-Qualified Credit	(814) _____ %	(615, 616) \$ _____	American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____
Visa Qualified Non-PIN Debit	(854) _____ %	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____
Visa Mid-Qualified Non-PIN Debit	(874) _____ %	(144, 145) \$ _____			

Flat Rate

	Discount	Transaction Fee		Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit (800)	%	(001, 002) \$ _____	Visa Qual Non-PIN Debit (854)	%	(134, 135) \$ _____	Discover Network Qual Non-PIN Debit (964)	%	(787, 788) \$ _____
MC Qual Non-PIN Debit (850)	%	(130, 131) \$ _____	Discover Network Qual Credit (170)	%	(015, 016) \$ _____	American Express Qual Credit (164)	%	(013, 014) \$ _____
Visa Qual Credit (804)	%	(005, 006) \$ _____						

☐ Dues & Assessments (273, 274, 234, 237,286) ☐ Billback **Non-Qualified Surcharge Fee** *(excluding interchange pass-through fees, see Section 18.1)*
Applies to Non-qualified MC, Visa, Discover, American Express Credit and/or Non-PIN Debit Transactions. (30D) _____ %

■ Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard, Visa or Discover, plus a MasterCard Assessment Fee (273) of .11%, a Visa Assessment Fee (274) of .11%, or a Discover Assessment Fee (234) of .105%, plus any other fees indicated on this Service Fee Schedule. (MC Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional 0.02% per transaction.) American Express Network Fee (286) of .15%

Sales Credit & Non-PIN Debit Trans. Fee \$ _____	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
MC Qual Credit (800)	%	Visa Qual Credit (804)	%	Discover Qual Credit (170)
MC Qual Non-PIN Debit (850)	%	Visa Qual Non-PIN Debit (854)	%	Discover Qual Non-PIN Debit (964)
				American Express Qual Credit (164)

☐ Gross Interchange MC (560), Visa (550) or Discover (529)

CardCoN1708(ia)

AUTHORIZATION AND TRANSACTION FEES

CardCoN1708(ia)

ACH Batch Fee (227)	\$ 0. /batch	Gateway Item Fee (03R, 04R, 06I, 07I)	\$ 0. /each
American Express Authorization EDC Fee (10P, 10Q)	\$ 0. /each	Voice Authorization Fee (10B, 10E, 10K)	\$ /each
JCB Authorization EDC Fee (10M, 10N)	\$ 0. /each	Voice Response Unit (VRU) Fee (10A, 10D, 10J)	\$ /each
MC, Visa, Discover Network Auth Fee (10A, 10D, 10J)	\$ 0. /each	Address Verification Fee (AVS)	\$
		CardConnect Gateway Transaction Fee	\$

OTHER FEES

Gateway Set-up Fee (31X)	\$ (one time fee)	TIN / TFN Blank or Invalid Fee (181)	\$ /as applicable
Chargeback Fee (205, 725)	\$ 20.00 /each	PCI Non-Compliance Monthly Fee	\$ 19.95
Retrieval Fee (26A, 262)	\$ 7.50 /each	Application Fee <i>(Non-Refundable)</i> (247)	\$
Early Cancellation Fee	\$ 750.00 /each	Miscellaneous Fee (31J)	\$
Merchant Club Fee _____ initials to accept <i>(sales tax may apply)</i>	\$ /each	Wireless Access Fee (399)	
Minimum Processing Fee (954)	\$ 25.00 /each	Fee Per TID \$ _____ x # of TIDs _____ =	\$
Monthly Gateway Fee (31Z)	\$ /each	Annual Membership Fee* (294)	\$
Statement Fee (323)	\$ /each	CardConnect Gateway Monthly Fee	\$
Regulatory Product Monthly Fee (35I)	\$ 3.50 /month	Data Breach	\$

All other card association fees are passed thru at cost – NABU, APF, connectivity, & usage.
* Billed on anniversary of account keyed date.

CardConnect is a registered ISO/MSP of Wells Fargo Bank, N.A.

CardCoN1708(ia)	EQUIPMENT / GATEWAY / DOWNLOAD INFORMATION						CardCoN1708(ia)
Ships Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No			Equipment Cost Billed to Merchant: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manufacturer:	Manufacturer/Model	# of Units	PinPad	# of Units	Additional Equipment	# of Units	
<input type="checkbox"/> Terminal							
<input type="checkbox"/> Software							
<input type="checkbox"/> Gateway							
<input type="checkbox"/> CardConnect Gateway	<input type="checkbox"/> API	<input type="checkbox"/> Merchant Center VT	<input type="checkbox"/> SmartPay	<input type="checkbox"/> Encrypted Cardreader	# of Units		
<input type="checkbox"/> Roam Pay	<input type="checkbox"/> FD Global Gateway	<input type="checkbox"/> Paypal Pay flow Pro	<input type="checkbox"/> Authorize.Net	<input type="checkbox"/> NMI	<input type="checkbox"/> SecureNet		
<input type="checkbox"/> Other		VAR Contact Info: Name				Phone #	
Additional Instructions for deployment: _____ _____ _____ _____							
EBT INFORMATION							
The EBT Services Riders to Buypass Corporation and Schedule 1 must accompany the application							
FNS #	Trans Fee \$0.		Benefit Insurance Availability:		Days	Hours	
Electronic Voucher Support <input type="checkbox"/> Yes <input type="checkbox"/> No			Check below all EBT Services at this location:				
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Cash Benefits	<input type="checkbox"/> Purchase with Cash Back	<input type="checkbox"/> Purchase	<input type="checkbox"/> Cash Withdrawal	If cash issuance, the limit amount? \$.00		
TELECHECK FEES							
TeleCheck Rates & Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Inquiry Rate	_____ %	Monthly Minimum Fee	\$ _____ (Per Location)	Customer Requested Operator Call (CROC)		\$ <u>2.50</u>	
December Risk Surcharge	<u>.10</u> %	Statement Processing Fee	\$ <u>5.00</u>	ECA Chargeback Fee		\$ <u>5.00</u>	
Per TXN Fee	\$ _____			(Only charged when entitled with TeleCheck)			
(See Agreement for definitions, warranty requirements, and any additional fees.)							
CARD ACCEPTANCE				ENTITLEMENTS			
Check those cards you choose to accept. [Acceptance of all MasterCard (MC), Visa and Discover Network Transactions is presumed unless any of the selections below are checked (see Section 1.9)]. <input type="checkbox"/> Accept MasterCard Only <input type="checkbox"/> Accept MC Non-PIN Debit transactions Only <input type="checkbox"/> Accept Visa Only <input type="checkbox"/> Accept Visa Non-PIN Debit transactions Only <input type="checkbox"/> Accept Discover Only <input type="checkbox"/> Accept Discover Non-PIN Debit transactions Only				New American Express Agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Express <input type="checkbox"/> American Express ESA* / Pass Through: _____ Please provide the following existing MIDs: <input type="checkbox"/> AMEX # <input type="checkbox"/> JCB # <input type="checkbox"/> Check Guarantee # _____ Company _____			
PETROLEUM INFORMATION							
Pay at the pump: <input type="checkbox"/> Yes <input type="checkbox"/> No Wright Express 3.50 % Transaction Fee \$0.15 Voyager: 3.40 % Transaction Fee: \$0.99 <i>Charged by Processor</i>				Check Guarantee method: <input type="checkbox"/> Drivers License (default) <input type="checkbox"/> MICR <small>*American Express will charge either a Flat Fee of \$ 7.95 or a Discount Rate and Transaction Fee directly to the merchant. Retail & Restaurant merchants will be charged an additional 0.30% for non-swiped American Express transactions. An Inbound fee of .40% will be applied to any charge made using a card issued by an issuer located outside of the United States except MCC 7032, 8211, 8351, and Non U.S. Prepaid/Gift card transactions. These fees (as applicable) are determined and charged directly by American Express.</small>			
WEX Full Acquiring Fees				Buypass Fees			
WEX Auth Fee (0D4) \$ _____	WEX Chargeback Reversal Disc't (843) _____ %	Datawire Micronode <input type="checkbox"/> Yes <input type="checkbox"/> No		Datawire Micronode 960-AS Monthly Fee (354) \$ _____ (each)			
WEX Sales Discount (840) _____ %	WEX Chargeback Fee (29H) \$ _____	Authorization Fees		Voyager (0D0, 0D1, 0DV, 0DC, 0DI, 0D3, 0BW, 0BX) \$ _____			
WEX Refund Discount (841) _____ %	WEX Retrieval Fee (29I) \$ _____	Other Payment Fees		Voyager:			
WEX Chargeback Discount (842) _____ %		Sales Discount Fee (766) _____ %					
SITE INSPECTION							
Merchant Location: <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Warehouse <input type="checkbox"/> Residence <input type="checkbox"/> Other: _____						Hours of Operation: _____	
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the business premises (If Lease, Landlord Name): _____						Phone #: _____	
Yes No Merchant appears to be conducting business as represented in application? <input type="checkbox"/> <input type="checkbox"/> Merchant is adequately staffed and stocked to do business? <input type="checkbox"/> <input type="checkbox"/> Have you taken pictures of the inside and outside of the premises? <input type="checkbox"/> <input type="checkbox"/> Have you confirmed the identity of the person who signed the application? <input type="checkbox"/> <input type="checkbox"/>						I hereby Certify that I have physically inspected the business premises of the Merchant at this address. Print Name: _____ Signature X _____ Date _____	

PROCESSOR INFORMATION: Name: CardConnect
 Address: 1000 Continental Drive, Suite 600, King of Prussia, PA 19406
 URL: www.cardconnect.com Customer Service #: 1-877-828-0720

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide or see the applicable provisions of the TeleCheck Services Agreement.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20 of the Card Processing General Terms; or Section 20 of the TeleCheck Services Agreement.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.3 and 12), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1 of the TeleCheck Services Agreement.

9. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) 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.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <http://usa.visa.com/merchants/operations/opregulations.html>.
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the complete Program Guide [version CardCoN1603(ia)] consisting of 37 pages (including this confirmation), Interchange Qualification Matrix (version IQM.MVD.SI2.I or _____), and Interchange Schedule (collectively the "Agreement").

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X

Title

Date

Please Print Name of Signer