

ABOUT MERCHANT'S BUSINESS (FAX/ELECTRONIC FORM)

Bank Code: _____ Merchant ID: _____

☐ TR ☐ TU ☐ New Merchant ☐ Franchise/Association ☐ Additional Outlet Tie To # _____DBA
NAME _____ (24 characters)**BANKING INFORMATION**Bank Customer Relationship Tiers: ☐ TIER 1 ☐ TIER 2 ☐ TIER 3 ☐ TIER _____First/Last
Contact Name: _____ Phone
Number: _____☐ ATTACH A COPY OF FUNDING CHECK OR BANK LETTERHEAD/LOGO SIGNED BY A BANK OFFICER WITH TYPED ABA/DDA.
MUST INCLUDE BANK NAME AND ADDRESS.**CHECKLIST INFORMATION**Regional Office Received Date: _____ MCC: _____ Pricing Type: _____ Merchant Type: _____ RELM: **SOA**Pricing Grid # _____ ☐ Special Pricing Model ☐ Association Grid ☐ Linkback # _____ NRPT _____ NCPT _____

Other: _____

Sales Support ID _____ Rep. # _____ Print Sales Rep. Name: _____ Initial: _____ Office
Admin.: _____

HIERARCHY: Bank: _____ Agent: _____

Corp.: _____ Chain: _____

CLIENT VISITATION☐ Visit Not Required (Lic. Professional)1. Zone: ☐ Business District ☐ Industrial ☐ Residential2. Location: ☐ Mall ☐ Shopping Area ☐ Isolated☐ Office ☐ Apartment ☐ Home☐ Other: _____3. Seasonal: ☐ No ☐ Yes, Months in Operation: _____

Months Open Between _____ to _____

4. External Facility Description (# of Levels/Floors):

☐ 1 ☐ 2-4 ☐ 5-10 ☐ 11 plus5. Merchant Occupies: ☐ Ground Floor ☐ Other: _____

6. Remaining Floor(s) Occupied by:

☐ Residential ☐ Commercial ☐ Combination

7. Advertising Name Displayed:

☐ Window ☐ Door ☐ Store Front

8. Approximate Square Footage:

☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001 plus

9. # of Registers: _____

10. Return Policy: ☐ Full Refund ☐ Exchange Only ☐ None

11. Do you have a refund policy for your MC/VISA

sales? ☐ Yes ☐ NoIf yes, Check one: ☐ Exchange ☐ Store Credit ☐ MC/VISA credit

If MC/VISA credit, within how many days do you submit

credit transactions? ☐ 0-3 ☐ 4-7 ☐ 8-14 ☐ Over 14 days12. Proper License Visible (Liquor, Tax ID, etc.): ☐ Yes☐ No, explain: _____13. Your Previous
Processor: _____14. Your Previous
Merchant Number: _____15. Check Reason for Changing:
☐ Rate ☐ Service ☐ Terminated ☐ Other: _____16. Do You Have Previous Processor MC/VISA
Statements? ☐ Yes ☐ No17. EMail
Address: _____18. MyMerchantView: ☐ MyMerchantView:net sign-up

19. Are customers required to leave a deposit?

☐ Yes ☐ No, If Yes, % of deposit required: _____%

Time Frame for Delivery: _____ Days

Comments to Credit Officer/Other Depository/Primary Savings Account Number and Additional Information:

(40 Characters)

MAIL STATEMENTS/DOCUMENTS TO ADDRESS (IF DIFFERENT FROM DBA)Your Head Office/
Bill To Name:

First/Last

Phone

Address:

Contact Name:

Number:

City:

State:

ZIP:

MAIL STATEMENTS TO OUTLET **or:** (check one) ☐ 02 = Stmt to Bill To/No Recap ☐ 07 = Suppress Stmt (No Stmt) ☐ 08 = Produce Recap, No Stmt ☐ 09 = Bill to Address/Stmt and Recap
ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one) ☐ 0 = Each Transfer ☐ 1 = Debit/Credit Grouped (By Category) ☐ 2 = Net Transfer Amount Only**PROCESSING INFORMATION**

Retail Standard 2/06

1. Processing mode: (Non-EDC): ☐ Paper Voice ☐ Tape ☐ ECR ☐ Paper Terminal2. Funding will be processed DAILY via: ☐ Bankwire3. Bank will fund: ☐ Head Office

4. # of Plates: _____ Long _____ Short

5. Fire Safety Act: ☐ Yes ☐ No6. Ship Equipment and Welcome Packet to Outlet **or:** (check one) ☐ Head Office ☐ Other, give mailing information below ☐ No Welcome Packet and Supplies ☐ No Welcome PacketName: _____ First/Last
Contact Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

7. Terminal Features: Comments: _____

Terminal Features : (Cont.)

☐ Auto Settle Time _____ hh ET (military)☐ QSR-Convenience/Small Ticket☐ Remove Room # Prompt☐ Bar Tab☐ QSR-CR/SMT☐ Remove Ticket # Prompt☐ Clerk /Server Entry☐ QSR Print Option _____☐ Retail Gas☐ Debit Cash Back☐ Invoice Number☐ Retail With Tip

Delayed Ship Date: _____

☐ IP (see #17 above)☐ Ship Method (Overnight)☐ Dial Prefix☐ Multi-Trans
(PC/Register/Software only)☐ Tip % Option☐ Dial Suffix☐ No Server / Ticket ID☐ Verify Amount Prompt☐ E-Commerce☐ Other _____

	Key Disable	or	Password Protect
Credits	<input type="checkbox"/>		<input type="checkbox"/>
Voids	<input type="checkbox"/>		<input type="checkbox"/>
Forces	<input type="checkbox"/>		<input type="checkbox"/>
Reviews	<input type="checkbox"/>		<input type="checkbox"/>
Bal/Settle	<input type="checkbox"/>		<input type="checkbox"/>
Auth Only	<input type="checkbox"/>		<input type="checkbox"/>
Reports	<input type="checkbox"/>		<input type="checkbox"/>
Tip Adjustment	<input type="checkbox"/>		<input type="checkbox"/>