

APPLICATION FOR MERCHANT ACCOUNT AND AGREEMENT - BANKCARD

REFERRAL	LEAD SOURCE	
SETTLEMENT BANK BMO HARRIS BANK N.A.	AUTHORIZATION NETWORK	SETTLEMENT NETWORK VITAL
OFFICE NAME	OFFICE PHONE	APPLICATION ID
APPLICATION DATE	CONTRACTOR NAME	ASSOCIATION

BUSINESS INFORMATION

CLIENT'S LEGAL or CORPORATE NAME (MUST CORRESPOND WITH IRS FILING NAME)		CLIENT'S BUSINESS NAME (DOING BUSINESS AS)	
MAILING / BILLING ADDRESS		LOCATION ADDRESS (IF DIFFERENT THAN MAILING / BILLING)	
CITY, STATE, ZIP CODE (+4)		CITY, STATE, ZIP CODE (+4)	
PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE	LOCATION PHONE	LOCATION FAX
PRIMARY EMAIL ADDRESS (ALL MERCHANTS REQUIRED TO PROVIDE A VALID EMAIL ADDRESS)		BUSINESS WEBSITE ADDRESS	
DATE BUSINESS STARTED	LENGTH OF CURRENT OWNERSHIP	CUSTOMER SERVICE PHONE	
D & B	EXISTING MID (IF APPLICABLE)	NUMBER OF LOCATIONS	STORE NUMBER

TAX INFORMATION

FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN A WITHHOLDING OF MERCHANT FUNDING PER IRS REGULATIONS (REFER TO SECTION 6.05 OF TERMS AND CONDITIONS)

NAME (as it appears on your Federal Income Tax Return)		FEDERAL TAX ID (as it appears on your Federal Income Tax Return)	
<input type="checkbox"/> ASSOCIATION / ESTATE / TRUST STATE FILED:	<input type="checkbox"/> CORPORATION - CHAPTER S, C STATE FILED:	<input type="checkbox"/> INTERNATIONAL ORGANIZATION LOCATION FILED:	
<input type="checkbox"/> LIMITED LIABILITY COMPANY STATE FILED:	<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION STATE FILED:	<input type="checkbox"/> PARTNERSHIP STATE FILED:	
<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501c) STATE FILED:	<input type="checkbox"/> GOVERNMENT (FEDERAL, STATE, LOCAL) STATE FILED:	<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETORSHIP STATE FILED:	
<input type="checkbox"/> I CERTIFY THAT I AM A FOREIGN ENTITY / NON-RESIDENT ALIEN (IF CHECKED, PLEASE ATTACH IRS FORM W-8)			
<input checked="" type="checkbox"/> I CERTIFY THAT I AM PROVIDING AUTHORIZATION FOR THE ELECTRONIC ISSUANCE OF IRS FORM 1099			

OWNER(S) / OFFICER(S) and TRADE REFERENCE

OWNER / OFFICER 1	OWNER / OFFICER 2	TRADE REFERENCE
FULL NAME	FULL NAME	FULL NAME
TITLE	TITLE	TITLE
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP CODE (+4)	CITY, STATE, ZIP CODE (+4)	CITY, STATE, ZIP CODE (+4)
PHONE FAX	PHONE FAX	PHONE FAX
EMAIL	EMAIL	EMAIL
SSN DOB	SSN DOB	
DATE OF OWNERSHIP	DATE OF OWNERSHIP	

GENERAL UNDERWRITING PROFILE

BUSINESS TYPE <input type="checkbox"/> INTERNET <input type="checkbox"/> MOTO <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT	SEASONAL HIGH VOLUME MONTHS (CIRCLE ALL THAT APPLY) J F M A M J J A S O N D
PRODUCTS or SERVICES SOLD	RETURN POLICY DAYS UNTIL PRODUCT DELIVERY

CREDIT CARD UNDERWRITING PROFILE

MONTHLY VOLUME \$	AVERAGE TICKET \$	HIGHEST TICKET \$	DISCOUNT PAID <input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY
CURRENT PROCESSOR		CURRENT PROCESSOR PHONE	
METHOD OF SALES (TOTAL MUST = 100%)		% OF PRODUCTS SOLD (TOTAL MUST = 100%)	
CARD PRESENT SWIPE %	CARD PRESENT IMPRINT %	CARD NOT PRESENT %	CONSUMER SALES %
			BUSINESS SALES %
			GOVERNMENT SALES %

MOTO INTERNET QUESTIONNAIRE

PLEASE EXPLAIN YOUR BILLING / DELIVERY POLICY:

- ☐ FULL PAYMENT UP FRONT WITH _____ DAYS UNTIL PRODUCT / SERVICE DELIVERY.
- ☐ PARTIAL PAYMENT REQUIRED UP FRONT WITH _____ % AND WITHIN _____ DAYS UNTIL FINAL PRODUCT / SERVICE DELIVERY.
- ☐ PAYMENT RECEIVED AFTER PRODUCT / SERVICE IS PROVIDED.

IF PRODUCT / SERVICE DELIVERY REQUIRES RECURRING BILLING, PLEASE EXPLAIN AVAILABLE BILLING OPTIONS:

- ☐ MONTHLY ☐ QUARTERLY ☐ SEMI - ANNUALLY ☐ ANNUALLY

AUTHORIZATION TO ACH (CHECKING ACCOUNTS ONLY. MUST INCLUDE VOIDED BUSINESS CHECK FOR EACH ACCOUNT)

BANK NAME		CITY, STATE
DEPOSITORY <small>Merchant's batch activity will be put into this account.</small>	ROUTING #	ACCOUNT #
FEES <small>Merchant's monthly fees / necessary charges will be taken from this account.</small>	ROUTING #	ACCOUNT #

CREDIT CARD INTERCHANGE

QUALIFICATIONS (if applicable) RATE 1 PLUS

ACCEPT	CARD TYPE	RATE 1		RATE 2	RATE 3	INTL / NS	BUSINESS
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VISA®	%	<input type="checkbox"/> CP <input type="checkbox"/> IPT	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MASTERCARD®	%	<input type="checkbox"/> CP <input type="checkbox"/> IPT	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISCOVER®	%	<input type="checkbox"/> CP <input type="checkbox"/> IPT	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____
<input type="checkbox"/> YES <input type="checkbox"/> NO	PIN DEBIT	%	<input type="checkbox"/> DCP <input type="checkbox"/> DPT				

☐ FANF CP / CNP (VARIES) *

* BASED ON PRIOR MONTH'S VISA® CNP VOLUME, NUMBER OF LOCATIONS PROCESSING VISA® AND TAX ID. FOR FURTHER INFORMATION ON FANF AND MSP NETWORK FEE, PLEASE GO TO WWW.MERCHANTNETWORKFEE.COM

OTHER ENTITLEMENTS

CARD TYPE	REQUEST	EXISTING ACCOUNT
AMERICAN EXPRESS®		
EBT FBS		

PRICING INFORMATION

AUTHORIZATION PRICING	PER ITEM FEE	START UP PRICING	AMOUNT
VISA® / MASTERCARD®	\$	APPLICATION CREDIT	\$
DISCOVER® (JCB)	\$	EQUIPMENT	\$
AMERICAN EXPRESS®	\$	WIRELESS SET UP	\$
ARU	\$	TELETRAINING - PHYSICAL	\$
EBT	\$	TELETRAINING - VIRTUAL	\$
PIN DEBIT PER ITEM	\$	LEASE / RENTAL DEPOSIT	\$
VOICE AUTHORIZATION	\$	EXPEDITE	\$
		INJECTION	\$
		SAGE MOBILE PAYMENTS SET UP	\$
		SAGE MOBILE ADD-ON SET UP (PER LINE)	\$
RECURRING FEES	AMOUNT	RECURRING FEES	AMOUNT
MONTHLY STATEMENT	\$	ANNUAL ASSESSMENT	\$
MONTHLY SUPPORT	\$	VISA® DATA INTEGRITY FEE	\$ 0.10
MONTHLY MINIMUM	\$	CHARGEBACK (PER OCCURRENCE)	\$
MONTHLY GATEWAY ACCESS	\$	SIGNATURE RATE (VISA® / MASTERCARD®)	%
MONTHLY DEBIT ACCESS	\$	ASSESSMENTS (VISA® / MASTERCARD®)	0.110 %
MONTHLY WIRELESS ACCESS	\$	ASSESSMENTS (LARGE TICKET) (\$1K AND ABOVE) (MC ONLY)	0.130 %
SAGE MOBILE MONTHLY ACCESS	\$	ASSESSMENTS (DISCOVER®)	0.105 %
SAGE MOBILE ADD-ON MONTHLY ACCESS (PER LINE)	\$	MASTERCARD® NETWORK ACCESS & BRAND USAGE	\$ 0.02
COMPLIMENTARY ONLINE REPORTING	\$	VISA® ACQUIRER PROCESSING FEE	\$ 0.02
<input type="checkbox"/> MSP NETWORK FEE	\$ 2.50	VISA® CHECK CARD SURCHARGE (RET / REST R 1 TIERED ONLY)	\$ 0.05
		DISCOVER® DATA USAGE FEE	\$ 0.02

ACH INFORMATION

☐ ACH - MERCHANT DRAFTED BY SAGE

NAME ON CHECK

CHECK NUMBER

CHECK DATE

TERMINAL HARDWARE / SOFTWARE

TERMINAL / SOFTWARE TYPE (1)	TERMINAL / SOFTWARE TYPE (2)
TYPE	TYPE
QUANTITY	QUANTITY
PART CONDITION	PART CONDITION
<input type="checkbox"/> NEW <input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING	<input type="checkbox"/> NEW <input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING

TERMINAL HARDWARE / SOFTWARE (CONTINUED)

TERMINAL APPLICATIONS (1)

<input type="checkbox"/> Retail	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Hotel	<input type="checkbox"/> AVS	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Server	<input type="checkbox"/> Tips	<input type="checkbox"/> Invoice #	<input type="checkbox"/> MOTO (Card Not Present)	
<input type="checkbox"/> Purchase Card		<input type="checkbox"/> Auto Close: _____		

TERMINAL PROGRAMS (1)

VISANET		PAYMENTECH	
<input type="checkbox"/> TERM	<input type="checkbox"/> TERM	<input type="checkbox"/> HOST	
PROVIDER			
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO	<input type="checkbox"/> SAGE	
<input type="checkbox"/> AMEX / PIP (Visanet/Paymentech w/Amex software) additional paperwork required.			
<input type="checkbox"/> CVV		<input type="checkbox"/> Split Dial (Visanet Only)	
<input type="checkbox"/> NXT (Paymentech Only) addl paperwork required			

PRINTER (1)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING
PROVIDER	
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO <input type="checkbox"/> SAGE

PINPAD (1)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING
PROVIDER	
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO <input type="checkbox"/> SAGE

TERMINAL APPLICATIONS (2)

<input type="checkbox"/> Retail	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Hotel	<input type="checkbox"/> AVS	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Server	<input type="checkbox"/> Tips	<input type="checkbox"/> Invoice #	<input type="checkbox"/> MOTO (Card Not Present)	
<input type="checkbox"/> Purchase Card		<input type="checkbox"/> Auto Close: _____		

TERMINAL PROGRAMS (2)

VISANET		PAYMENTECH	
<input type="checkbox"/> TERM	<input type="checkbox"/> TERM	<input type="checkbox"/> HOST	
PROVIDER			
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO	<input type="checkbox"/> SAGE	
<input type="checkbox"/> AMEX / PIP (Visanet/Paymentech w/Amex software) additional paperwork required.			
<input type="checkbox"/> CVV		<input type="checkbox"/> Split Dial (Visanet Only)	
<input type="checkbox"/> NXT (Paymentech Only) addl paperwork required			

PRINTER (2)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING
PROVIDER	
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO <input type="checkbox"/> SAGE

PINPAD (2)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING
PROVIDER	
<input type="checkbox"/> MERCHANT	<input type="checkbox"/> ISO <input type="checkbox"/> SAGE

LEASING

LEASE COMPANY	LEASE TYPE	LEASE TERM	LEASE PAYMENT \$
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CERTIFICATION AND AGREEMENT

By signing below, the Merchant named: (1) certifies to Sage Payment Solutions that he/she is authorized to sign this Agreement; (2) certifies that all information and documents submitted in connection with this Application are true and complete; (3) authorizes Bank or its agent to verify any of the information given, including credit references, and to obtain credit reports (including a spouse if in a community property state); (4) has read, agreed to, and acknowledges receipt of the terms and conditions of the Merchant Processing Agreement, attached hereto and incorporated herein by reference. The terms and conditions and this Application constitute the entire integrated Merchant Processing Agreement by and between Merchant, Sage Payment Solutions and Bank; (5) agrees that Merchant and each transaction submitted to Bank will be bound by the Agreement in its entirety; and (6) agrees that Merchant will submit transactions to Bank only in accordance with the information in this Application and will immediately inform Sage Payment Solutions, in writing at the address above if any information in this Application changes. The Agreement will become effective only when signed by Bank and Sage Payment Solutions. Merchant further acknowledges that, as used in this paragraph, "Bank" means the banking institution identified at the top of the first page of this document as the Settlement Bank.

By signing below, I represent that the information I have provided on the Application is complete and accurate and I authorize American Express Travel Related Services Company, Inc (American Express) to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions.

In WITNESS WHEREOF, the parties hereto have executed this Agreement as of this day _____

MERCHANT:

By : **X**

MERCHANT PRINCIPAL or CORPORATE OFFICER

By : **X**

MERCHANT PRINCIPAL or CORPORATE OFFICER

PRINTED NAME

PRINTED NAME

AUTHORIZED SIGNATURE (BANK)

AUTHORIZED SIGNATURE (SAGE PAYMENT SOLUTIONS, INC.)

ACCEPTED BY BANK:

ACCEPTED BY SAGE PAYMENT SOLUTIONS:

PERSONAL GUARANTY

In consideration of Bank and Sage Payment Solutions' acceptance of the Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank and Sage Payment Solutions under the Agreement, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify Bank and Sage Payment Solutions for all funds due from Merchant pursuant to the terms of the Agreement. This is a guaranty of payment and performance and not of collection, and in no case will Sage Payment Solutions be required to attempt collection from Company or pursue any other remedy or action before collection from Guarantor. Guarantor waives any and all rights of subrogation, reimbursement or indemnity derived from Merchant and all other rights and defenses available to Guarantor under applicable law, including California Civil Code Sections 2787 to 2856, inclusive (or any similar surety ship laws), and further waives any and all rights, defenses or notices arising by reason of any modification or change in the terms of the Agreement whatsoever, including, without limitation, the renewal, extension, acceleration, or other change in the time any payment or other performance thereunder is due, and / or any change in any interest or discount rate or fee thereunder. Guarantor confirms that Guarantor, collectively or individually, is an officer or shareholder to the Merchant and party to the Agreement, and unconditionally and specifically authorizes Bank, or its authorized agent, to debit any overdue fees, costs, chargebacks, fines, penalties, expenses or obligations under the Agreement and / or any contractual relationship with Bank or Sage Payment Solutions from any personal checking account or other account owned or controlled by Guarantor, and further to report any default hereunder on Guarantor's personal Credit Bureau Report. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank or Sage Payment Solutions in connection with the enforcement of this Guaranty. Guarantor further acknowledges that, as used in this paragraph, "Bank" means the banking institution indicated by appropriate mark in one of the check boxes located at the top of the first page of this document.

X

SIGNATURE

DATE

PRINTED NAME

X

SIGNATURE

DATE

PRINTED NAME

****EARLY TERMINATION:** IF MERCHANT TERMINATES THIS AGREEMENT WITHOUT CAUSE DURING THE TERM OR ANY RENEWAL TERM, MERCHANT SHALL OWE SAGE THE APPLICABLE TERMINATION FEES SET FORTH IN ARTICLE V, SECTION 5.01 OF THE ATTACHED TERMS AND CONDITIONS.

SITE INSPECTION INFORMATION (TO BE COMPLETED BY SALES REPRESENTATIVE)

I HAVE PERSONALLY CONDUCTED A SITE INSPECTION FOR THIS MERCHANT, VISUALLY INSPECTED THE MERCHANT'S INVENTORY (IF APPLICABLE) AND REPRESENT THE INFORMATION IN THIS MERCHANT APPLICATION IS ACCURATE AND COMPLETE.

LOCATION TYPE		MERCHANT
<input type="checkbox"/> RETAIL STORE	<input type="checkbox"/> OFFICE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> TRADE <input type="checkbox"/> OTHER	<input type="checkbox"/> OWNS <input type="checkbox"/> LEASE
SALES REPRESENTATIVE - SIGNATURE		DATE
SALES REPRESENTATIVE - PRINTED NAME		