

Sage Payment Solutions

1750 OLD MEADOW RD STE 300, MCLEAN, VA 22102-4304

Sage Payment Solutions is a registered ISO/MSP of BMO Harris Bank N.A. ®

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)

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

DISCLOSURE

MEMBER BANK (ACQUIRER) INFORMATION	IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES
ACQUIRER NAME: BMO Harris Bank N.A.	1. A Discover/Visa/MasterCard Member is the only entity approved to extend acceptance of Discover/Visa/MasterCard products directly to a merchant.
ACQUIRER ADDRESS: 150 N. Martindale Rd Suite 900	2. A Discover/Visa/MasterCard Member must be a principal (signer) to your Merchant Agreement.
ACQUIRER CITY: Schaumburg	3. The Discover/Visa/MasterCard Member is responsible for educating Merchant on the pertinent Discover/Visa/MasterCard Operating Regulations with which the Merchant must comply.
ACQUIRER STATE, ZIP: IL, 60173	4. The Discover/Visa/MasterCard Member is responsible for and must provide settlement funds to the merchant.
ACQUIRER PHONE: (847) 240-6600	5. The Discover/Visa/MasterCard Member is responsible for all funds held in reserve that are derived from settlement.
MERCHANT INFORMATION	IMPORTANT MERCHANT RESPONSIBILITIES
MERCHANT NAME:	1. Ensure compliance with cardholder data security and storage requirements.
MERCHANT ADDRESS:	2. Maintain fraud and chargeback thresholds.
MERCHANT CITY:	3. Review and Understand the terms of the Merchant Agreement
MERCHANT STATE, ZIP:	4. Comply with Discover/Visa/MasterCard Operating Regulations.
MERCHANT PHONE:	

THE RESPONSIBILITIES LISTED ABOVE DO NOT SUPERCEDE TERMS OF THE MERCHANT AGREEMENT AND ARE PROVIDED TO ENSURE THE MERCHANT UNDERSTANDS SOME IMPORTANT OBLIGATIONS OF EACH PARTY AND THAT THE DISCOVER/VISA/MASTERCARD MEMBER (ACQUIRER) IS THE ULTIMATE AUTHORITY SHOULD THE MERCHANT HAVE ANY PROBLEMS.

X _____ X _____ DATED _____
MERCHANT SIGNATURE MERCHANT PRINTED NAME & TITLE

GENERAL UNDERWRITING PROFILE

BUSINESS TYPE			
<input type="checkbox"/> INTERNET	<input type="checkbox"/> MOTO	<input type="checkbox"/> RETAIL	<input type="checkbox"/> RESTAURANT
PRODUCTS or SERVICES SOLD			

SEASONAL HIGH VOLUME MONTHS (CIRCLE ALL THAT APPLY)											
J	F	M	A	M	J	J	A	S	O	N	D
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: Merchant's batch activity will be put into this account.	ROUTING #: ACCOUNT #:
FEES: Merchant's monthly fees / necessary charges will be taken from this account.	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				
<input type="checkbox"/> 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

AMERICAN EXPRESS ONE POINT

(PLEASE SELECT ONLY ONE INDUSTRY TYPE)

(REFER TO AMERICAN EXPRESS ONE POINT RATE GUIDE FOR RATES AND INDUSTRY TYPES)

INDUSTRY TYPE:
DISCOUNT RATE (PER RATE GUIDE): %
TRANSACTION FEE: \$
PREPAID DISCOUNT RATE (PER RATE GUIDE): %
TRANSACTION FEE: \$

ESA MONTHLY FLAT FEE: \$ 7.95 * 0.40% on CROSS BORDER FEE TRANSACTIONS

* American Express Flat Fee applies to ESA only if Internet, MOTO, or Home Based for volume under \$5000. Over \$5000 the appropriate industry discount rate will replace the mandatory Flat Fee.

"By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Sage Payment Solutions and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Sage Payment Solutions and AXP and AXP agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Sage Payment Solutions to perform services for AXP or to AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Sage Payment Solutions servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement."

INITIAL: _____

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	\$	ANNUAL DEBIT NETWORK FEE	\$
MONTHLY MINIMUM	\$	VISA® DATA INTEGRITY FEE	\$ 0.10
MONTHLY GATEWAY ACCESS	\$	CHARGEBACK (PER OCCURRENCE)	\$
MONTHLY DEBIT ACCESS	\$	SIGNATURE RATE (VISA® / MASTERCARD®)	%
MONTHLY WIRELESS ACCESS	\$	ASSESSMENTS (VISA® / MASTERCARD®)	0.110 %
SAGE MOBILE MONTHLY ACCESS	\$	ASSESSMENTS (LARGE TICKET) (\$1K AND ABOVE) (MC ONLY)	0.130 %
SAGE MOBILE ADD-ON MONTHLY ACCESS (PER LINE)	\$	ASSESSMENTS (DISCOVER®)	0.105 %
COMPLIMENTARY ONLINE REPORTING	\$	MASTERCARD® NETWORK ACCESS & BRAND USAGE	\$ 0.02
<input type="checkbox"/> MSP NETWORK FEE	\$ 2.50	VISA® ACQUIRER PROCESSING FEE	\$ 0.02
		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)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING

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 / SOFTWARE TYPE (2)

TYPE	QUANTITY
PART CONDITION	
<input type="checkbox"/> NEW	<input type="checkbox"/> REFURBISHED <input type="checkbox"/> EXISTING

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 OFFICERBy : **X**_____
MERCHANT PRINCIPAL or CORPORATE OFFICER_____
MERCHANT PRINTED NAME & TITLE_____
MERCHANT PRINTED NAME & TITLE

ACCEPTED BY BANK:

AUTHORIZED SIGNATURE (BANK)

ACCEPTED BY SAGE PAYMENT SOLUTIONS:

AUTHORIZED SIGNATURE (SAGE PAYMENT SOLUTIONS, INC.)

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

_____, An Individual

SIGNATURE_____
DATE**X**

_____, An Individual

SIGNATURE_____
DATE_____
PRINTED NAME_____
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: <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	MERCHANT: <input type="checkbox"/> OWNS <input type="checkbox"/> LEASE
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X _____ SALES REPRESENTATIVE - SIGNATURE	X _____ SALES REPRESENTATIVE PRINTED NAME & TITLE	_____ DATED
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