MERCHANT PROCESSING APPLICATION AND AGREEMENT (FAX/ELECTRONIC FORM)



Date

Merchant #	US ABOUT YOUF	ttached: ☑ Service Fee Schedule	Loc1 of	- raymentech
	OS ABOUT 1001	DOJINESS	Store #:	
Client (Your Business Legal Name): Same as Legal Name or provide:		First/Last	Store #.	
Your DBA/Outlet Name:		Contact Name:		
(No P.O. Box) Address:	Suite #	: City:	State:	Zip Code:
Your Business Phone:	□ Same	e as Business Phone <i>or</i> nnt's Customer Service Phone:		_,p
Your Fax Phone:	Select O	ne for Retrieval Requests: (02)	Dedicated 24 Hour Fax	☐ (03) No fax; mail
Your Total Cash and Credit Sales: \$				
Total Annual MC/Visa Volume: \$		MC/Visa Volume for this Outlet: \$		r Multiple Outlets Only)
□ Sole Ownership □ Partnership □ Non Profit/Tax		-	-	Ionth / Yr. Started:
Mi J Swipe % + Keyed Manually % =		u Sell:		
POS Cardswipe/Manual Imprint % + Mai				
Fed Tax ID:		IN Type: EIN (Fed Tax) SSN	I No. of Emp	oloyees:
		TITLEMENTS	nse <u>3 8 0 5 0 0</u>	1 0 0 0
, ,	(Existing Account #)			
		Existing Account #) or JCB Licens	1 1 9 9 9 9 9	
□ Discover (EDC)				
			☐ Single Settle ☐ EDC ☐ PI	P Reverse PIP
American Express Cap # Debit Package 7 7 7 9 5 5 0		ranchise Name:	# (VDEE)	
•			# (XREF)	
Other:				h. Oada. (
Network: ☐ (206) CARDnet® ☐ (2221) Nashville		AGREEMENTS	Specify Securit	ty Code: ()
☐ TeleCheck ☐ License # or ☐ MICR			d Service	
leecheck License # 01 Mich		PMENT DETAILS	Sel vice	
Rental • Purchase	Retail • Restaurant • L		Unit	For Customer-Owned
Customer-Owned Equipment Typ Lease (circle one) QTY (i.e. Terminal)			Price Name w/o Tax	Equipment Track / Version
			lattie W/O lax	Hack/ Version
R P C L	R Re L S C QS	R MOIO		
R P C L	R Re L S C QS	R MOTO		
R P C L	R Re L S C QS	R MOTO		
Special Instructions: (40 Characters)				
☐ Sales Rep. to Train ☐ MAG to Train	Best Time To Call	am / pm (or receive training via	phone dial 1-800-558-7101	8:00 am - 10:00 pm EST)
Imprinter Purchase: ☐ Yes ☐ No If Yes \$	x Qty.: = \$ (w/o 1	ax) Wireless Provider: 🗆 Cir	ngular <i>or</i> 🗆 Other:	
VAR/Internet/Software: Name:	Product ID #	· Vend	dor ID #	Nashville Only
Check one: ☐ Gateway Solutions ☐ Lease Line So	olutions 🗆 Dial Solutions 🗆 Yo	ourPay 🗆 IC	Verify Serial #	
LEASE COMPANY: □ (04) First Data (Proce	essor) If checked, addit	tional forms required.	Lease Company 🗆	
PI	ROVIDE YOUR OW	NER INFORMATION		Retail Standard 2/06
Owner/Partner/	Social	Home		% of
Officer Name: Title: □ Pres. □ V.P. □ Member (L.L.C.) Ho	Security #:	Phone: City:	State:	Ownership Zip:
	dress:	City.	State.	Ζιρ.
Owner/Partner/ Officer Name:	Social Security #:	Home Phone:		% of Ownership
Title: ☐ Pres. ☐ V.P. ☐ Member (L.L.C.) Ho	•	City:	State:	Zip:
THIS MERCHANT APPLICATION AND AGREEMEN behalf of JPMorgan Chase Bank, N.A. and the Merch services necessary to authorize, process and settle a us for the services provided under this Agreement, suparty's agreement with us. *Client's Business Principal: (Please sign below)	T (this "Agreement") is entered into ant identified in this Agreement. Used to the second to the second to the second third party may be party to the	Inder the terms of this Agreement, Com ard transactions set forth in Schedule A Agreement, but has no rights with resp PTI General Partner, LLC, its general partner	pany will be the sole provide to this Agreement. If a third poect to Merchant except as po	er to Merchant of the party referred you to rovided in such third
X Signature		X Signature		

Please Print Name of Signer

Title

Date