CHASE ○
Paymentech ™

Bank Code: __454__   Merchant ID: _____

☐ TR   ☐ TU   ☐ New Merchant   ☐ Franchise/Association   ☐ Additional Outlet Tie To # _____

RESET

DBA NAME __ecectc__   *(24 characters)*

BANKING INFORMATION

Bank Customer Relationship Tiers: ☐ TIER 1   ☐ TIER 2   ☐ TIER 3   ☐ TIER _____

First/Last Contact Name: __Manager__   Phone Number: __323-965-2840__

☐ 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: __7777__   Pricing Type: _____   Merchant Type: _____   RELM: __SOA__

Pricing Grid # _____   ☐ Special Pricing Model   ☐ Association Grid   ☐ Linkback # _____   NRPT _____   NCPT _____

Other: _____

Sales Support ID __smon__   Rep. # _____   Print Sales Rep. Name: __Demo__   Initial: _____   Office Admin.: __Karen M.__

HIERARCHY: Bank: _____   Agent: __454970038997__

Corp.: _____   Chain: _____

CLIENT VISITATION

☐ **Visit Not Required (Lic. Professional)**

1. **Zone:** ☐ Business District ☐ Industrial ☐ Residential

2. **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 plus

5. **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 ☐ No
    If 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 days

12. **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 ☐ No

17. **EMail Address:** __support@ecenow.com__

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: __3__ 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 Contact Name: _____   Phone Number: _____

Address: _____   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 Terminal   2. **Funding will be processed DAILY via:** ☐ Bankwire

3. **Bank will fund:** ☐ Head Office   4. **# of Plates:** _____ Long _____ Short   5. **Fire Safety Act:** ☐ Yes ☐ No

6. **Ship Equipment and Welcome Packet to Outlet *or*:** *(check one)* ☐ Head Office ☐ Other, give mailing information below ☐ No Welcome Packet and Supplies ☐ No Welcome Packet

Name: _____   First/Last Contact Name: _____

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

7. **Terminal Features: Comments:** _____

☐ Auto Settle Time _____ hh ET (military)
☐ Bar Tab
☐ Clerk/Server Entry
☐ Debit Cash Back
Delayed Ship Date: _____
☐ Dial Prefix
☐ Dial Suffix
☐ E-Commerce

☐ QSR-Convenience/Small Ticket
☐ QSR-CR/SMT
   ☐ QSR Print Option _____
☐ Invoice Number
☐ IP *(see #17 above)*
☐ Multi-Trans *(PC/Register/Software only)*
☐ No Server/Ticket ID

☐ Remove Room # Prompt
☐ Remove Ticket # Prompt
☐ Retail Gas
☐ Retail With Tip
☐ Ship Method (Overnight)
☐ Tip % Option
☐ Verify Amount Prompt
☐ Other _____

Terminal Features : *(Cont.)*

	Key Disable	*or*	Password Protect
Credits	☐		☐
Voids	☐		☐
Forces	☐		☐
Reviews	☐		☐
Bal/Settle	☐		☐
Auth Only	☐		☐
Reports	☐		☐
Tip Adjustment	☐		☐

EMAIL