



REF ID:

PAYMENT JACK STANDALONE COVERSHEET**ACCOUNT INFORMATION (*Required)**

Primary Sales Partner Name and Number:

Sub Sales Partner Name and Number:

Merchant DBA Name:

MOBILE DEVICE INFORMATION

Primary Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Primary Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:

EQUIPMENT ORDERING

Shipping Address (If different from business address):	City:	State:	Zip:
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ADDITIONAL INFORMATION

MID of Existing Account to be Cancelled:
Comments/ Notes:



Primary Sales Partner Name and Number:
Sub Sales Partner Name and Number:

PAYMENT JACK PROCESSING APPLICATION AND AGREEMENT PAGE 1 of 2

BUSINESS INFORMATION				
Business LEGAL Name:		Taxpayer Identification Number: (9 digits)		
Email Address (Required):		Business DBA (If different from legal name):		
Business Mailing Address:		Business Physical Location Address:		
City, State, ZIP:		City, State, ZIP:		
Contact: (First)	(M.I.)	(Last)	Business Phone Number:	FAX Number:
OWNERSHIP / GUARANTOR INFORMATION				
Owner / Partner / Officer: (First)			(M.I.)	(Last)
			Social Security #:	
Ownership Percentage:	Mobile Number (Required):		Home Phone Number:	Date of Birth:
Home Address:			City, State, ZIP:	
MERCHANT PROFILE				
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Internet <input type="checkbox"/> MOTO	
Type of Goods and Services Sold:			For card not present merchants (MOTO) please provide marketing materials and web address: WWW. _____	
Average Ticket: \$ _____	Maximum Ticket: \$ _____	Average Monthly Volume: \$ _____	Swiped / Keyed Percentage (must total 100%): Swiped Percentage _____ % Keyed Percentage _____ %	
Have you ever processed payment cards before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom? _____ Reason for leaving? _____			Have you ever been terminated by a payment processor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BANK ACCOUNT INFORMATION				
Please provide a voided check	Routing Number:		Bank Account Number:	
	Bank Name:		Bank Phone Number:	
IMPORTANT INFORMATION				
For "Member" Bank: Wells Fargo Bank, 1200 Montego, Walnut Creek, CA 94598 (925) 746-4167.			For "TMS": 21650 Oxnard Street Ste 1200 Woodland Hills, CA 91367	
Important Member Bank (Acquirer) Responsibilities 1. The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant. 2. The Bank must be a principal (signer) to the Merchant Agreement. 3. The Bank is responsible for educating Merchants on pertinent Card Organization Rules with which Merchants must comply; but this information may be provided to you by Processor. 4. The Bank is responsible for and must provide settlement funds to the Merchant. 5. The Bank is responsible for all funds held in reserve.			Important Merchant Responsibilities 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below Card Organization thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Card Organization rules. 5. Retain a signed copy of this Disclosure Page The responsibilities above do not replace the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.	
Qualified Discount Rates		Communication		Account Servicing
1.29 % Visa / MC / Discover		\$0.25 Visa / MC / Discover / American Express		\$ 0.00 Monthly Minimum
% Other: _____		Pass-Thru Fees and Access		\$10.00 Mobile Gateway Fee - Primary Line
2.25 % American Express		0.4000 % American Express Crossborder		\$5.00 Mobile Gateway Fee - Additional Line
Surcharge		0.3000 % American Express Card N/P		
1.20% + \$0.10 Partially Qualified		Statement (Select both if desired)		
1.85% + \$0.10 Non-Qualified		<input type="checkbox"/> U.S. Mail Statement (\$2) <input checked="" type="checkbox"/> Online eStatement (\$0)		\$19.95 Additional Card Swipe Device

Visa FANF & MasterCard ALF fees based on business type and volume processed.

SIGN
HERE

Signature, Principal or Corporate Officer

Date

PAYMENT JACK PROCESSING APPLICATION AND AGREEMENT PAGE 2 of 2

PRIMARY MOBILE DEVICE INFORMATION

Phone Number:	Type and Model:	Mobile Carrier:	
Contact Name:	Contact Email Address:	Contact's Last 6 of SSN:	Contact's Date of Birth:

ADDITIONAL MOBILE DEVICE INFORMATION

Phone Number:	Type and Model:	Mobile Carrier:	
Contact Name:	Contact Email Address:	Contact's Last 6 of SSN:	Contact's Date of Birth:

CARDS TO BE ACCEPTED

Debit Service	Check all that you DO NOT want to accept: <input type="checkbox"/> Visa Check <input type="checkbox"/> Debit MasterCard
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AMERICAN EXPRESS

American Express Acceptance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	American Express Annual Volume < \$1,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	American Express Marketing: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DISCLOSURE SECTION

 http://usa.visa.com/merchants/operations/op_regulations.html	 http://www.mastercard.com/us/merchant/support/rules.html	 http://www.discovernetwork.com/merchants/
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REQUIRED SIGNATURES

All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant, and all information provided herein is true, complete, and accurate. Total Merchant Services, Inc. ("TMS") and Wells Fargo Bank (the "Member Bank" and, collectively with TMS, the "Servicers") shall not be responsible for any change in printed terms unless specially agreed to in writing by an officer of each Servicer. By signing below you are agreeing to the provisions stated within this merchant application, and have acknowledged receipt and have read the Merchant Credit Card Processing Agreement (the "Merchant Agreement"). Those provisions must be read before signing. By signing below you agree to the terms and conditions contained in the merchant application and the Merchant Agreement. The indicated officers below have the authorization to execute the Merchant Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THE MERCHANT AGREEMENT WILL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY SERVICERS AND A MERCHANT NUMBER HAS BEEN ISSUED. Merchant authorizes Servicers to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which the Servicers are authorized to perform such functions under the Merchant Agreement, for the purposes set forth in the Merchant Agreement. This authorization extends to the entire amount in said account from time to time, and includes without limitation amounts due to and/or owed by Merchant under the Merchant Agreement, lease, rental, or purchase agreements for POS (Point of Sale) terminals and accompanying equipment and check guarantee fees and amounts due for supplies and materials. The Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Merchant Agreement are satisfied, and Merchant gives Servicers written notice of revocation. An investigative or credit report may be made in connection with the application. Merchant authorizes Servicers and/or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, or from any credit or financial investigative agencies. Merchant has a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. A complete copy of your Merchant Agreement can be obtained at the following URL: <http://www.merchantsupport.info/disclosure/ABN.html>

IN ORDER TO DISPUTE ANY CHARGE OR FUNDING, MERCHANT MUST NOTIFY SERVICERS IN WRITING WITHIN 30 DAYS OF THE DATE OF THE STATEMENT WHERE SUCH CHARGE OR FUNDING APPEARS OR SHOULD HAVE APPEARED. THE LIABILITY OF SERVICERS IS LIMITED UNDER THE MERCHANT AGREEMENT. THE MERCHANT AGREEMENT CONTAINS MANDATORY PROCEDURES FOR RESOLVING DISPUTES. ARBITRATION IS REQUIRED IN ALL BUT CERTAIN LIMITED CIRCUMSTANCES, AND PURSUING CLAIMS ON A CLASS-WIDE BASIS IS PROHIBITED. Please review the Merchant Agreement for further details.

SIGN
HERE

Signature Principal or Corporate Officer	Print Name	Date
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SIGN
HERE

Signature Principal or Corporate Officer	Print Name	Date
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(Stamped signatures not accepted)

As a primary inducement to Servicers to enter into the Merchant Agreement, the undersigned Guarantor(s), by signing below, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Servicers under the Merchant Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Servicers, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Servicers may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to them or any security held by Servicers or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Servicers. Guarantor(s) understand that the inducement to Servicers to enter into the Merchant Agreement is consideration for this guaranty, and that this guaranty remains in full force and effect even if Guarantor(s) receive no additional benefit from this guaranty. An investigative or credit report of Guarantor(s) may be made in connection with this application. Guarantor(s) authorize Servicers and/or any of their agents or designees to investigate the references provided or any other statements or data obtained from Guarantor(s), or from any credit or financial investigative agencies. Guarantor(s) have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

SIGN
HERE

Signature, an Individual	Print Name	Date
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SIGN
HERE

Signature, an Individual	Print Name	Date
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(Stamped signatures not accepted)

Internal Use Only

Placement / Rental Plan	100 UF	WUF	Reprogram / Software Plan	100 UF	WUF	70 / 30	NL
Signed for Total Merchant Services:	Print Name:	Title:	Date:				
Signed for Global Direct / Member:	Print Name:	Member Name: Wells Fargo Bank, National Assoc.	Date:				