



Associated Merchant Name:

**APPLICATION ADDENDUM FOR SPECIAL REQUESTS****ADDITIONAL OWNER / CORPORATE OFFICER INFORMATION**

First Name:	Last Name:	Owner 2 SSN:
Ownership %:	Phone Number:	Title:
Home Address:		Date of Birth:
City, State, ZIP:		

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:

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

Date

**SPECIAL SHIP-TO ADDRESS (NOT MERCHANT PHYSICAL OR SALES PARTNER)**

Contact Name:	Contact Phone:
Shipping Address:	City, State, ZIP:

**RETAIL, RESTAURANT (FAST FOOD), SUPERMARKET - NO TIPS****SPECIAL**

- ☐
- EBT Cash Benefit
- 
- ☐
- Invoice Number
- 
- ☐
- QSR

☐ EBT FNS #: \_\_\_\_\_

Multi Merchant (No Autobatch): Primary DBA / MID: \_\_\_\_\_

**FEATURE****RESTAURANT, RETAIL (TAXI, SALON) - WITH TIPS****REQUESTS**

- ☐
- Server ID
- 
- ☐
- Tip During Sale
- 
- ☐
- Suggested Tip Amount

☐ EBT Cash Benefit☐ EBT FNS #: \_\_\_\_\_

Multi Merchant Primary DBA / MID: \_\_\_\_\_

**MOTO - HYPERCOM (FOR SOFTWARE USE SOFTWARE ADDENDUM)**

Multi Merchant Primary DBA / MID: \_\_\_\_\_

☐ Tip Adjust**OTHER ACCOUNT OPTIONS**☐ Daily Discount

MID to be converted: \_\_\_\_\_

☐ Free to Sell or Lease Program

Rental Fee: \_\_\_\_\_

**SPECIAL INSTRUCTIONS****SIGN  
HERE**

Signature, Principal or Corporate Officer

Date



Associated Merchant Name:

Merchant Email:

## SOFTWARE ADDENDUM

### SOFTWARE OPTIONS

#### Authorize.Net

☐ Authorize Net (Retail) ☐ Authorize Net (Moto)

Value Added Services: (additional gateway fees apply)

☐ Fraud Suite ☐ Automatic Recurring Billing ☐ Customer Info Manager

Supplied by Sales Partner?

☐ Yes ☐ No

\*If not supplied by sales partner, a gateway fee must be listed on the schedule of fees.

#### PC Charge

☐ PC Charge ( ☐ 5.8 ☐ 5.9 ☐ 5.10)

☐ PC Charge Server

#### Payflow Pro

☐ Payflow Pro Please include credit card authorization for \$99 setup fee for new accounts

#### Aloha

☐ Aloha (Visanet / TSYS Only)\* Version # \_\_\_\_\_

#### Digital Dining

☐ Digital Dining (Visanet / TSYS Only)\* Version # \_\_\_\_\_

#### Other

☐ Other Software

Name \_\_\_\_\_

Version # \_\_\_\_\_

☐ compatible w/ Global East Platform

☐ compatible w/ Visanet / TSYS Platform\* \*No Debit available on Visanet / TSYS

#### QUICKBOOKS

##### Operating System:

☐ Windows XP ☐ Windows Vista ☐ Windows 7 ☐ Windows 8

##### Quickbooks Options:

☐ Placement ☐ Purchase ☐ Existing\* ver. \_\_\_\_\_  
\*(Indicate QB existing version)

##### Processing Options:

☐ Process via Terminal (Non-Integrated Solution) ☐ Total Processing in Quickbooks (Integrated Solution)

##### Market Type:

☐ Retail ☐ Moto ☐ Internet

##### Purchase Quickbooks (Credit Card Authorization):

Card Type: ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number: \_\_\_\_\_

Credit Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

#### ADDITIONAL OPTIONS

Operating System:

Windows ver. \_\_\_\_\_

Mac OS ver. \_\_\_\_\_

Platform:

☐ East

☐ Visanet / TSYS

### CARDHOLDER DATA STORAGE

PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, [www.compliancefacts.com](http://www.compliancefacts.com).

- Have you ever experienced an account data compromise? Yes No If yes, when \_\_\_\_\_
- Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes No  
(validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ), or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.)  
If yes, please complete the following, if no, you can move to question 3:
  - Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? \_\_\_\_\_
  - What is the name of your Qualified Security Assessor "QSA" \_\_\_\_\_  
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
  - Date of last scan \_\_\_\_\_ Approved Scanning Vendor's Name: \_\_\_\_\_
- Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system? Yes No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)
- After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically? Yes No
  - If yes, where is it stored? Merchant Location Only Primary Service Provider Both Other Service Provider All Apply
  - What Service Provider / Software Developer did you purchase your POS application / device from? \_\_\_\_\_
  - What is the name of the software /system? \_\_\_\_\_ What is the version number? \_\_\_\_\_
- Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office) Yes No  
If yes, what is the name of the other Service Provider? \_\_\_\_\_

### COMMENTS

SIGN  
HERE

Signature Principal or Corporate Officer

Print Name

Date

# Restaurant Sign-Up Form

**SEND COMPLETED FORM VIA:**
**EMAIL:** Submissions@Restaurant.com

**FAX:** 877-320-8957

**MAIL:** Restaurant.com  
 ATTN: Restaurant Submissions  
 1500 W. Shure Dr., 6th floor  
 Arlington Heights, IL 60004

RESTAURANT NAME

(PLEASE PRINT)

LOCATION ADDRESS

CITY STATE ZIP CODE

PHONE FAX

CURRENT WEBSITE HTTP:// RESTAURANT EMAIL

(PLEASE PRINT)

 PRIMARY CONTACT ☐ YES ☐ NO

NAME MR. / MS.

EMAIL

MAILING ADDRESS

CITY STATE ZIP CODE

 PHONE ☐ (PREFERRED)

 CELL ☐ (PREFERRED)

 PRIMARY CONTACT ☐ YES ☐ NO

NAME MR. / MS.

EMAIL

MAILING ADDRESS

CITY STATE ZIP CODE

 PHONE ☐ (PREFERRED)

 CELL ☐ (PREFERRED)

☐ SIGN ME UP FOR THE FOLLOWING GIFT CERTIFICATE OPTIONS:

 \$5 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE  
 \$10 } PRICE LESS THAN \$9.00

 \$15 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE  
 BETWEEN \$9.00-\$15.00

 \$25 }  
 \$50 } GOOD FOR RESTAURANTS WITH AVERAGE ENTREE  
 \$75 } PRICE GREATER THAN \$15.00  
 \$100 }

NAME

(PLEASE PRINT)

SIGNATURE

 DATE / / 20  
 MONTH DAY YEAR

**Restaurant.com will:**

- Promote your restaurant with a custom website and through other media.
- Facilitate the sale of promotional certificates on your behalf with a required minimum spend of one and a half times the face value.
- Develop the quantity, pricing and choice of gift certificate denominations sold in order to fill as many tables as possible.
- Build and make accessible to you a customer database of names and email addresses

**You, as the restaurant operator, will:**

- Honor and accept promotional certificates brought to you by customers on paper or mobile devices (even after termination), provided the customers abide by any stated restrictions on the certificate.
- Validate the promotional certificates on a regular basis by calling the Toll Free Number that appears on the certificate or through your Restaurant Management Center.
- Comply with any and all applicable laws, including those related to taxes, alcohol, unclaimed property, advertising and privacy.

In the event that you wish to discontinue the partnership, you agree to provide a 30-day notice to Restaurant.com Partner Relations Department to stop our marketing efforts, and you agree to a 30-minute exit review.

A complete list of terms & conditions is available at [www.restaurant.com/psp](http://www.restaurant.com/psp).

 INDEPENDENT CONSULTANT NAME **AmeriBanc National**

 INDEPENDENT CONSULTANT PHONE **(888) 548-4255**

 INDEPENDENT CONSULTANT EMAIL **apps@ameribancsales.com**

 INDEPENDENT CONSULTANT CODE **0002Q6**

 IC MANAGER'S NAME (IF APPLICABLE) **AmeriBanc National**

FOOD FRIEND REFERRAL CODE (IF APPLICABLE)

# Restaurant Information



RESTAURANT.COM<sup>®</sup>  
BEST DEAL. EVERY MEAL.

BRIEF RESTAURANT OVERVIEW (WILL APPEAR ON OUR LISTINGS PAGE/MAXIMUM CHARACTERS: 200)

## HOURS

M \_\_\_\_\_  
T \_\_\_\_\_  
W \_\_\_\_\_  
T \_\_\_\_\_  
F \_\_\_\_\_  
SA \_\_\_\_\_  
SU \_\_\_\_\_  
NOTES \_\_\_\_\_  
\_\_\_\_\_

## PARKING

\_\_\_ VALET \_\_\_ STREET \_\_\_ ON SITE

## MEAL TIMES SERVED

\_\_\_ BREAKFAST \_\_\_ BRUNCH \_\_\_ LUNCH  
\_\_\_ DINNER \_\_\_ LATE NIGHT \_\_\_ 24 HOURS  
\_\_\_ HAPPY HOUR

## BAR

\_\_\_ FULL BAR \_\_\_ BEER \_\_\_ WINES  
\_\_\_ BYOB \_\_\_ MICRO BREWS

## TYPE OF SERVICE

\_\_\_ SIT DOWN \_\_\_ CARRY OUT \_\_\_ DELIVERY

NUMBER OF SEATS \_\_\_\_\_

CUISINE TYPE 1 \_\_\_\_\_

CUISINE TYPE 2 \_\_\_\_\_

NEIGHBORHOOD 1 \_\_\_\_\_

NEIGHBORHOOD 2 \_\_\_\_\_

## ATTIRE

\_\_\_ CASUAL \_\_\_ FORMAL \_\_\_ NO DRESS CODE  
\_\_\_ NO JEANS \_\_\_ JACKET REQUIRED

## BANQUET FACILITIES

\_\_\_ 10 TO 20 PEOPLE \_\_\_ 20 TO 50 PEOPLE  
\_\_\_ 50 TO 100 PEOPLE \_\_\_ OVER 100 PEOPLE  
\_\_\_ OFF-SITE CATERING

## RESERVATIONS

\_\_\_ NOT REQUIRED \_\_\_ REQUIRED

\_\_\_ NOT ACCEPTED \_\_\_ SUGGESTED

ADDITIONAL INFORMATION (MAXIMUM CHARACTERS: 100)

## ENTERTAINMENT

\_\_\_ DANCING \_\_\_ DARTS \_\_\_ KARAOKE \_\_\_ TELEVISION \_\_\_ GAME ROOM  
\_\_\_ BILLIARDS/POOL \_\_\_ PRIVATE PARTY ROOM \_\_\_ WI-FI (WIRELESS INTERNET ACCESS)

## COST (AVERAGE ENTREE PRICE)

\_\_\_ \$ (BELOW \$9) \_\_\_ \$\$ (\$9 - \$11.99) \_\_\_ \$\$\$ (\$12 - \$14.99) \_\_\_ \$\$\$\$ (\$15+)

## SPECIAL FEATURES

\_\_\_ ALL YOU CAN EAT \_\_\_ EARLY BIRD SPECIALS \_\_\_ SENIOR DISCOUNT \_\_\_ CHILDREN'S MENU  
\_\_\_ CIGAR FRIENDLY \_\_\_ BOOSTER/HIGH CHAIRS \_\_\_ WHEELCHAIR ACCESS \_\_\_ KOSHER  
\_\_\_ ORGANIC MENU ITEMS \_\_\_ GLUTEN-FREE ITEMS \_\_\_ LOCALLY-GROWN INGREDIENTS

## ATMOSPHERE

\_\_\_ ROMANTIC \_\_\_ LIVE MUSIC \_\_\_ OUTDOOR DINING \_\_\_ FIRE PLACE  
\_\_\_ SCENIC VIEW \_\_\_ FAMILY/CHILDREN \_\_\_ BAR SCENE \_\_\_ SPORTS BAR  
\_\_\_ RESORT/COUNTRY CLUB

## PAYMENT METHODS ACCEPTED (PLEASE MARK ALL THAT APPLY)

\_\_\_ MASTER CARD \_\_\_ VISA \_\_\_ AMEX \_\_\_ DISCOVER  
\_\_\_ CHECK \_\_\_ DINERS CLUB \_\_\_ CASH ONLY

## AWARDS YOUR RESTAURANT HAS WON

(MAXIMUM CHARACTERS: 500)

WOULD YOU LIKE TO BE ENROLLED IN OUR FREE ONLINE  
RESERVATIONS PROGRAM? \_\_\_ YES \_\_\_ NO

## ADDITIONAL INFO

RESERVATIONS INFO (HOURS YOU ACCEPT RESERVATIONS)

M \_\_\_\_\_  
T \_\_\_\_\_  
W \_\_\_\_\_  
T \_\_\_\_\_  
F \_\_\_\_\_  
SA \_\_\_\_\_  
SU \_\_\_\_\_  
(MAXIMUM CHARACTERS: 100)

## RESTAURANT BEST KNOWN FOR

(MAXIMUM CHARACTERS: 500)

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-				-		

Employer identification number										
				-						

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.