

Merchant Revenue Worksheet

DBA: _____ Date: _____

IMC: _____ RSM: _____

First Five Minutes

1. Why/When did Merchant start their Business? _____
2. What are TOP 2 Revenue Building Priorities for next 12 months?
1.) _____
2.) _____
3. Check each Set Up Point you explained:
☐ avg impact of \$500-\$700/mo
☐ Not about Rates BUT Revenues
☐ A+ Rating w/ BBB
☐ Free EMV Equipment
☐ Monthly Agreement
☐ NO Termination Fee
☐ Next Day Funding
4. Did you tell the merchant about the \$59 Application fee? _____
5. To eliminate pressure, ask the owner for the FAVOR to say NO if we can't, YES if we can help with their TOP 2 Revenue BUILDING Priorities.
Did they agree to say NO? _____ Did they agree to say YES? _____

Service Segments

Services Offered:		Income	Expense
<input type="checkbox"/>	EMV Terminal Placement (avg \$40/mo)	\$ 40	Free!
<input type="checkbox"/>	Apple Pay / Google Wallet		Free!
<input type="checkbox"/>	Debit/Credit 1.29% (Amex@2.25%)	\$ 40	Free!
	<input type="checkbox"/> NDF <input type="checkbox"/> M2M Service <input type="checkbox"/> Monthly Billing		
	What is their avg sale/ticket = \$ _____		
	AMP Marketing Services:		
<input type="checkbox"/>	Groovv Offers(2 to 5 New Cust/week)	\$ _____	Free!
<input type="checkbox"/>	PASSMARKET		
	1 - E-Coupons	\$ _____	
	2 - Social Media Advertising	\$ _____	
	3 - Online Ordering	\$ _____	
<input type="checkbox"/>	Receipt Coupons	\$ _____	Free!
<input type="checkbox"/>	ON Deck		

1.) First Full Month Comparison:

Does Merchant prefer GREEN or PAPER Statements?

GREEN ☐ PAPER ☐

\$

vs \$

2.) Revenue Snowball: (What % of New Cust Owner say will return?) _____ %

Month 1=\$_____, 2=\$_____, 3=\$_____, 4=\$_____, 5=\$_____, 6=\$_____

Is Merchant Incorporated or a Sole Prop? ☐ INC ☐ SOLE PROP

3.) Additional Questions/Concerns? _____

If we can answer all questions completely can we go ahead and provide their services? YES ☐ NO ☐

Merchant Invoice and Receipt Form



Merchant Business Name (DBA) _____

Independent Merchant Consultant Name _____

NO Cancellation Fees! (Month-TO-Month Service)

FREE Equipment Placement Program!

FREE! NEW EMV Terminal!
Multi-App, IP-Ready, Thermal Print



- EMV-Ready
- Chip/Smart Card Reader
- Internal Pinpad

FREE! Scan Checks!
Plugs into New Terminal



Check Imager

FREE! Cell Phone Reader!



Fits Most Smart Phones

FREE! PC POS Software!



Authorize.Net!

Thank You for Letting Us Lower Your Rates & Fees

Special Instructions/Existing Equipment to be Reprogrammed (including pinpads and/or printers):

Application Fees/Cost: (Make Checks Payable to AMERIBANC NATIONAL)

System Application Fee:	\$59.00
Roam Pay Application Fee:	\$89.00
Terminal Set Up Via Phone Only:	FREE
System Purchase (Non Free Placement):	\$799.00
TOTAL FEES: \$	

Collected	ACH
FREE	FREE
FREE	FREE

PLEASE USE THE FOLLOWING PHONE NUMBERS FOR SERVICE GOING FORWARD:

For Questions about your Application: 1-888-548-4255 ext.8000
Terminal Training: 1-888-579-4787
Customer Service and/or Technical Support: 1-888-514-0048 Option 1

I understand my signature authorizes AmeriBanc National to debit/ACH the invoice Total Fees if the ACH box is checked.

Merchant Signature _____

Date _____



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

MERCHANT CREDIT CARD 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: Internal Use Only : <input checked="" type="checkbox"/> NDF
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.	
SCHEDULE OF FEES			
Qualified Discount Rates		Interchange	Monthly
1.29 % Visa / MC / Discover		0.10 Visa / MC / American Express / Discover Credit	\$ 19.95 Internet Gateway
2.25 % American Express		0.22 Visa / MC / Discover Debit	\$ 19.95 Wireless**
% Debit % EBT		Account Servicing	
Interchange Only (IC)		Per Transaction	
% Visa / MC / Discover		\$ 25.00 Monthly Minimum	\$ 0.10 Internet Gateway
% American Express		\$ 15.00 Monthly Service Charge	\$ 0.10 Wireless
Surcharge		Statement (Select both if desired)	
1.25% + \$0.10 Partially Qualified (except Amex)		\$ 4.95 Monthly Compliance Program*	<input type="checkbox"/> U.S. Mail Statement (per month \$2)
1.95% + \$0.10 Non-Qualified		\$ 9.95 Monthly Debit Service Fee	<input checked="" type="checkbox"/> Online eStatement (per month \$0)
Communication		Assessments and Pass-Thru Fees	
\$ 0.19 Visa / MC / Discover / American Express		\$ 0.00 Termination Fee***	Assessments and Access fees are passed through to you from the various card brands. Please refer to sections 1.14 and 1.15 of your Merchant Agreement for a listing of those fees.
\$ 0.35 PIN Debit / EBT	\$ 0.25 Batch Deposit	\$ 95.00 Annual Fee	

* Compliance Program Fee waived for first 12 months ** Wireless Fee per terminal *** Reference section 1.16 of the Merchant Agreement

MERCHANT CREDIT CARD PROCESSING APPLICATION AND AGREEMENT PAGE 2 of 2

PLACEMENT INFORMATION

Countertop Opt 1	<input type="checkbox"/> iCT220 <input type="checkbox"/> w/ External PIN Pad	<input type="checkbox"/> Internal PIN Pad <input type="checkbox"/> Check Imager*	Countertop Opt 2	<input type="checkbox"/> VX520 <input type="checkbox"/> Internal PIN Pad	<input type="checkbox"/> PIN Pad Vx805	Wireless	<input type="checkbox"/> iWL255 <input type="checkbox"/> Internal PIN Pad	Mobile	<input type="checkbox"/> Payment Jack *
Shipping (standard 2 day): <input type="checkbox"/> Overnight <input type="checkbox"/> Priority <input type="checkbox"/> Saturday						Ship To: <input type="checkbox"/> Merchant Physical <input type="checkbox"/> Sales Partner <input type="checkbox"/> Special *			

REPROGRAM INFORMATION

Ingenico: <input type="checkbox"/> iCT220 (PCI v.3)	Verifone: <input type="checkbox"/> VX520	Other: <input type="checkbox"/> _____
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FEATURE INFORMATION

Terminal Features:	<input type="checkbox"/> Tips w/prompt <input type="checkbox"/> Tips no prompt	AutoBatch Time: 11:30PM <input type="checkbox"/> Gift Cards* <input type="checkbox"/> Special *	Configuration: <input type="checkbox"/> Dial Config <input type="checkbox"/> IP Config	Groovv Offers: <input type="checkbox"/> Yes \$ _____ per month
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>>>>> * REQUIRES APPLICATION ADDENDUM FOR SPECIAL REQUESTS OR ADDITIONAL PLACEMENTS / RENTALS <<<<<<

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	EBT FNS# : _____
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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.discovernetwork.com/merchants/
 https://www.mastercard.us/en-us/about-mastercard/what-we-do/rules.html	 https://icm.aexp-static.com/Internet/NGMS/US_en/Images/MerchantPolicyOptBlue.pdf

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.

Ameribanc National, Inc. ("ABN") and Wells Fargo Bank (the "Member Bank" and, collectively with ABN, 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.

Merchant Advantage Program: All new merchants are automatically enrolled in a three month free trial of our Merchant Advantage Program. Merchants who choose to remain in this program will be charged a monthly fee of \$14.95 plus \$4.95 for each additional terminal following the free trial period. Merchants may opt out of this program at any time. For details please visit www.myaccountadvantage.com

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

Sales Partner Use Only

Placement / Rental Plan	<input type="checkbox"/> 100 UF <input type="checkbox"/> WUF <input type="checkbox"/> 60 / 40 <input type="checkbox"/> MM85	Reprogram / Software Plan	<input type="checkbox"/> 100 UF <input type="checkbox"/> WUF <input type="checkbox"/> 70 / 30 <input type="checkbox"/> NL <input type="checkbox"/> 60 / 40
Signed for Total Merchant Services:	Print Name:	Title:	Date:
Signed for Global Direct / Member:	Print Name:	Member Name: Wells Fargo Bank, National Assoc.	Date:



Payment Card Industry Self Assessment Questionnaire Acknowledgments and Agreement - Dial Terminals ONLY

Introduction

The following is a supplemental list of questions that will help new and existing merchants provide us more information about their POS (Point of Sale) environment to ensure compliance with Payment Card Industry's Data Security Standards (PCI DSS).

For new merchants please submit addendum during application process.

For existing merchants please email addendum to compliance@merchantserviceshq.com or fax us at 888-579-4791.

Merchant Information

DBA Name:			
Owner Name:			
Terminal Type:		Tax ID:	
PIN PAD Type:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	PIN PAD Model:

Simplified SAQ Question for PCI (Payment Card Industry) SAQ B (Self Assessment Questionnaire)

Questions	Yes	No
1. Do you store your receipts in a secure area so that only you have access to them?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you store your credit card receipts in a secure location shortly after completing your PCI survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Do you write down credit card information for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
a. When credit card information is written down will you store and/or shred securely when no longer needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you ever send credit card information via email or text messages? _____	<input type="checkbox"/>	<input type="checkbox"/>
a. When you send them are you sending them for a reason that we can document and keep on file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do your managers or supervisors have access to the credit card information you store?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know when they access the information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Will you implement controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. When credit card information is no longer needed do you shred it and dispose of it securely?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you dispose securely in the future?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PCI Acknowledgements and Agreements

By signing below, you acknowledge that you are authorized to answer questions and provide information on behalf of the Undersigned Merchant, to obligate the Undersigned Merchant to complete the actions outlined in this application addendum, and to, in turn, authorize ABN to complete the PCI Self Assessment Questionnaire on behalf of the Undersigned Merchant using the answers provided by you in this application addendum. You also acknowledge that you have answered the questions asked to the best of your ability, that your answers are truthful, and that you have not withheld information that might impact the completeness of such answers. Finally, you acknowledge that your answers fairly represent the Undersigned Merchant's stance on ensuring PCI compliance for the various card brands and the PCI Security Council.

By signing below, you further agree that the Undersigned Merchant will implement in its entirety, and abide by, the Security Policy that we will draft on the Undersigned Merchant's behalf based upon the information and answers that you have provided to us today, and that such policy is compliant with PCI data security standards.

**SIGN
HERE** Signature Principal or Corporate Officer

Print Name

Date



Payment Card Industry Self Assessment Questionnaire Acknowledgments and Agreement - IP Terminals, Payment Gateways, POS systems, Mobile Processing

Introduction

The following is a supplemental list of questions that will help new and existing merchants provide us more information about their POS (Point of Sale) environment to ensure compliance with Payment Card Industry's Data Security Standards (PCI DSS).

For new merchants please submit addendum during application process.

For existing merchants please email addendum to compliance@merchantserviceshq.com or fax us at 888-579-4791.

Merchant Information

DBA Name:			
Owner Name:			
Terminal Type:		Tax ID:	
PIN PAD Type:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	PIN PAD Model:

Simplified SAQ Question for PCI (Payment Card Industry) SAQ C (Self Assessment Questionnaire)

Questions	Yes	No
1. Do you store your receipts in a secure area so that only you have access to them?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you store your credit card receipts in a secure location shortly after completing your PCI survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Do you write down credit card information for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
a. When credit card information is written down will you store and/or shred securely when no longer needed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you ever send credit card information via email or text messages? _____	<input type="checkbox"/>	<input type="checkbox"/>
a. When you send them are you sending them for a reason that we can document and keep on file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do your managers or supervisors have access to the credit card information you store?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you know when they access the information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Will you implement controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. When credit card information is no longer needed do you shred it and dispose of it securely?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you dispose securely in the future?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the terminal the only connection point to the Internet that handles credit cards?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a router or firewall?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you changed the admin password on the router/firewall?	<input type="checkbox"/>	<input type="checkbox"/>
i. Will you change the password to be in the compliance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your POS software regularly updated?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you contact your vendor to ensure regular updates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Does the machine that hosts your POS system have anti virus installed?	<input type="checkbox"/>	<input type="checkbox"/>
a. Will you contact your systems administrator to ensure the machine that's running the software has Anti Virus installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Is the Antivirus software updated regularly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will you ensure that it is updated regularly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PCI Acknowledgments and Agreements

By signing below, you acknowledge that you are authorized to answer questions and provide information on behalf of the Undersigned Merchant, to obligate the Undersigned Merchant to complete the actions outlined in this application addendum, and to, in turn, authorize ABN to complete the PCI Self Assessment Questionnaire on behalf of the Undersigned Merchant using the answers provided by you in this application addendum. You also acknowledge that you have answered the questions asked to the best of your ability, that your answers are truthful, and that you have not withheld information that might impact the completeness of such answers. Finally, you acknowledge that your answers fairly represent the Undersigned Merchant's stance on ensuring PCI compliance for the various card brands and the PCI Security Council.

By signing below, you further agree that the Undersigned Merchant will implement in its entirety, and abide by, the Security Policy that we will draft on the Undersigned Merchant's behalf based upon the information and answers that you have provided to us today, and that such policy is compliant with PCI data security standards.

**SIGN
HERE** Signature Principal or Corporate Officer

Print Name

Date

Merchant Request to Close Processing Account

Date: _____

I hereby request that the merchant processing account for the business indicated below be terminated as allowed per my processing agreement effective _____. I understand that my deposit account will be debited for any processing fees outstanding (including any future chargeback's). Pursuant to my agreement terms, I may incur an early termination fee for this request. Please refer to my Merchant Agreement for any applicable termination fees.

NOTE: YOUR ACCOUNT WILL CONTINUE TO BE BILLED MONTHLY FEES UNTIL RECEIPT OF COMPLETED CLOSURE FORM.

I, _____ certify that I am the owner (if privately owned) or the authorized officer (if incorporated), and have the authorization to terminate this account.

Signature _____ Title _____ Date _____

Do you have any other active accounts? _____ Yes _____ No.

Current Processor Name: _____

Please list the merchant ID #(s) you are canceling: _____

What is the reason that you are closing your account? _____

All information is required

Name of Business: _____

Date of Request: _____

Owner Name: _____

Corporate Name: _____

Address: _____

Phone#: _____

Fax #: _____



MERCHANT GIFT / LOYALTY AGREEMENT

Please complete all fields below.

BUSINESS INFORMATION

Business Legal Name:		DBA Name:
Mailing Address:		DBA Address:
City, State, Zip:		City, State, Zip:
Phone:	Fax:	Contact Name:
Shipping Info: <input type="checkbox"/> Use DBA Address <input type="checkbox"/> Use Mailing Address		Contact Email Address: (required)
Time Zone: <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific <input type="checkbox"/> Hawaii <input type="checkbox"/> Alaska		

PRICING AND FEES

Welcome Kit Fee: \$24.95	Contents: 50 personalized cards, 50 card carriers, one acrylic display holder, vinyl 'cling' window signage, countertop advertising 'table tent' (A \$67.50 value)	
Monthly Service Fee (per location): \$19.95	Transaction Fee (for transactions over 200 per month): \$0.10	Returned ACH Fee: \$25.00
<input type="checkbox"/> Single location <input type="checkbox"/> Multiple locations (if multiple, please provide primary MID)		Primary MID:

CARD DESIGN

Card Color: ☐ Silver (default) ☐ Red ☐ Green ☐ Blue ☐ Gold

Please enter the text that will appear on the face of the Gift Card. If left blank, Line 1 will default to the DBA Name above, Line 2 to DBA Address, Line 3 to City/State/Zip, and Line 4 to Phone. To leave an intentional blank line, write BLANK LINE. Spaces count toward character maximum.

**SAMPLE
GIFTCARD**
(not actual size)



Line 1 - DBA Name

Line 2 - DBA Address

Line 3 - City, State, Zip

Line 4 - Phone

Line 1	20 Chars Max	
Line 2	40 Chars Max	
Line 3	40 Chars Max	
Line 4	40 Chars Max	

BILLING INFORMATION

Monthly invoices are emailed to merchant and collected via ACH transfer. Invoices are also available via the merchants web account. A copy of a voided check must accompany agreement. Merchant must maintain both a valid email address with Opticard and a valid checking account in which Opticard can draft payments.

Routing Number:	Account Number:
Bank Name:	Email Address (for monthly statement):

SIGNATURES AND ACKNOWLEDGEMENTS

MERCHANT AGREED AND ACCEPTED:

I have read and agree to the terms and conditions of this Agreement. The officer(s) identified have the authority to execute the MERCHANT GIFT/LOYALTY AGREEMENT with Opticard on behalf of the corporation or LLC, if applicable

X _____

Authorized MERCHANT or Officer's Signature

Date



P.O. BOX 6008
PETALUMA, CA 94955-6008

Reset

EMAIL

STORE #					

REP #					

CHECK GUARANTEE APPLICATION

BUSINESS INFORMATION					
Business DBA Name:			Business LEGAL Name:		
Business Address:			City:	State:	Zip:
Type of Business:			Tax ID Number:		
Business Phone:		Business Fax Number:		Email:	
OWNERSHIP INFORMATION					
Owner #1/Partner/Officer: (First Name)		(M.I.)	(Last Name)		Title in Business:
Home Address:			City:	State:	Zip:
Driver's License Number:		Social Security #:		Phone Number:	
BANK ACCOUNT INFORMATION					
Account Type: <input type="checkbox"/> Business Checking <input type="checkbox"/> Consumer/Principal's Personal Checking				Name of Bank:	
Name on Bank Account:			Bank Phone Number:		
Bank Routing Number:			Bank Account Number:		
SCHEDULE OF FEES					
Discount Rate: 1.29 %		Monthly Subscription Fee: \$10		Monthly Minimum: \$25	Request Check Limit: \$5,000
Transaction Fee: \$.19		Chargeback Fee: \$25		Returned Item Fee: \$5	Cancellation Fee: \$199
Total Monthly Check Sales: \$			Average Check Amount: \$		
EQUIPMENT					
<input checked="" type="checkbox"/> Check Imager	Qty: _____	Shipping (standard 2 day): <input type="checkbox"/> Overnight <input type="checkbox"/> Priority <input type="checkbox"/> Saturday		Ship To: <input checked="" type="checkbox"/> Merchant Physical <input type="checkbox"/> Sales Partner	
ACCEPTANCE					
<p>In signing the Application/Service Agreement (hereinafter "Agreement") YOUR STORE(s) agrees that YOUR STORE(s) has read, understands, and accepts, all the provisions of this Agreement, to include the terms and conditions within this Agreement and consent to same herein. YOUR STORE(s) further understands and agrees that upon acceptance of an officer of CrossCheck, Inc. (hereinafter "Check Center"), this Application, and your Confirmation Letter, including description of any Premiums purchased, shall constitute a binding Agreement between YOUR STORE(s) and Check Center. YOUR STORE(s) further understands that YOUR STORE(s) shall include all Agents, Representatives, and/or Employees. All information contained in this Agreement was completed by Consumer/Principal and they warrant that the application information noted above and sales volume indicated in the Agreement is accurate and further acknowledge that any misrepresentation of this information could result in delayed and/or withheld settlement of funds as well as the loss of all processing privileges of all checks. No blank spaces were left incomplete. N/A or none has been filled in, in any spaces where applicable. Authorization is hereby given by Consumer/Principal, individually and as Consumer/Principal on behalf of YOUR STORE(s) to obtain a credit report of both the Consumer/Principal and YOUR STORE(s)' credit history through credit reporting agencies selected by Check Center or Check Center's agents. Pursuant to the Fair Credit Reporting Act, said reports are to be used by Check Center or Check Center's agents solely in connection with the referenced business transaction, to be defined herein as this Agreement, there is a legitimate business need for the information and it is intended to be used as a potential servicer in connection with a valuation of, or an assessment of the credit or prepayment risks associated with an existing obligation.</p>					
See confirmation letter for definitions of services you have selected. Your store(s) signature verifies all information on this application and represents your store(s)' express consent to all terms and conditions on subsequent pages, and confirms your offer to enter into an agreement. <i>Please sign in both areas below:</i>			(Corporate office use only) Check center's acceptance of your application, to include any premiums, accepted by an officer of check center in your confirmation letter, forms the entire agreement. By: _____ Date: _____ Title: _____ Venue: Sonoma County, California		
Signature of Owner/Guarantor: _____ Date: _____					
Signature of Consumer/Principal: _____ Date: _____					

Loan Application

☐ If you are applying for individual credit in your name and are relying on your own income or assets and not the income of assets of another person as the basis for repayment complete Owner Information (1) and omit Owner Information (2).

☐ If this is an application for joint credit with another person, complete Owner Information (1) and (2).

Date:

Partner ID:

Intended Use of Funds:

Company Information

Legal Company Name:

State of Incorporation:

Federal Tax ID:

Physical Address (no PO Boxes)

City: State: Zip Code:

Company Phone:

Business Inception Date:

Does your business have a separate business bank account? ☐ YES ☐ NO

Legal Entity:

☐ Corporation ☐ LLC
☐ General Partnership ☐ LLP
☐ Other

Do you have an outstanding merchant cash advance?

☐ YES - its \$ _____
☐ NO

Company Type / Industry:

Rent or Own:

Landlord name:

Landlord phone:

Has your business accepted credit cards for at least 3 months? ☐ YES ☐ NO

Cash Flow Analysis

Your Annual Business Revenue*

Your Average Bank Balance

Your Monthly Credit Card Volume

Loan Amount Requested

Owner Information (1)

First name: Last Name:

Email:

Home Phone:

Cell phone:

SS Number:

Date of birth:

Annual income:

Home address (no PO Boxes):

City: State:

Zip Code: Business ownership %:

Owner Information (2)

First name: Last Name:

Email:

Home Phone:

Cell phone:

SS Number:

Date of birth:

Annual income:

Home address (no PO Boxes):

City: State:

Zip Code: Business ownership %:

By signing & faxing or emailing us your application, you certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and (ii) all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information. You understand & agree that we and our agents and assignees are authorized to contact 3rd parties to make inquiries in evaluating your Loan Application (including requesting business & personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit bureau name and address. You understand and agree that we may provide credit & other information from the Loan Application and on the signing individual(s) & the company with 3rd parties who may use the information any lawful purpose, including for the purpose of offering credit and/or other products & services to the signing individual(s) and/or the company.

Signature (1):

Signature (2):



What Happens Next?

1st

Keep Your ORIGINALS! We only need to fax them to our Toll Free Sales Support Line and we work off the copies. This should include the Terms & Conditions pages. We believe all Service Benefits and fees are much more CLEAR if YOU have the originals. (Application Questions?.. call **1-888-548-4255 ext 8000**)

2nd

You will receive a WELCOME PACKET in 3-5 days via FedEx that will include:

- 1.) A complete copy of your Merchant Application
- 2.) New Visa/MC Decals for your door/windows
- 3.) A "Welcome Letter"
- 4.) Instructions for Your FREE PLACEMENT TERMINAL



****Please review this packet carefully and verify all information is correct before your 1st transaction.**

3rd

Your Free Placement Terminal Will ARRIVE in about 5-7 days!!

- 1.) Your Merchant Consultant will NOT be returning
- 2.) Our Trained Equipment Specialist will contact you by phone to get you started or you can contact us at: **1-888-579-4787**
- 3.) IT'S EASY & your equipment is ALREADY programmed
- 4.) You just plug it in!
- 5.) Terminal hasn't arrived as expected? Call us at:

Call us at **1-888-514-0048 Opt 3,2**



What About Questions?

Call Us at **1-888-514-0048** we've got LOTS of great people to help you! Choose from the following options for answers to your questions:

Option: **2,1** is Customer Service:

- a.) Monthly Billing/Statement Questions
- b.) General Questions

c.) Bank Information Changes

Option: **1,1** is Technical Support

- a.) Terminal Warranty/Replacement
- b.) Questions about your Terminal

We've Got MORE!

New Merchants Can Call and ADD these services with Sales Support at:

1-888-548-4255 ext 8000



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future Credit Card Sales!



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INCREASE YOUR
SALES!**



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YOUR CHECKS!**



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