



Signing Rep: _____ Sales Office Phone: _____ FAX: _____

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # _____ Loc. 1 of _____

(1) TELL US ABOUT YOUR BUSINESS
PCS2105 (ia)
Client's Business Name (Doing Business As):
Client's Corporate/Legal Name (Use Also For Headquarters' Information):
Business Address:
Billing Address (If Different Than Location Address):
City: State Zip
City: State Zip
Location Phone #: Location Fax #:
Contact Name:
Business E-mail Address:
Contact Phone #: Contact Fax #:
Business Website Address:
Contact E-mail Address:
Send Dispute Documentation to: [] Business Address [] E-Mail
SIC/MCC
Statement Type: (check one) [] Detail [] Summary Statement Delivery Method: (check one) [] E-Mail [] Online [] Print and Mail
Billing to be processed [] Monthly [] Daily

*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category's Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841, the registration is required with Visa and/or MasterCard within 30 days from when your accounts becomes active. An Annual Registration fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000). Failure to register could result in fines in excess of \$10,000 for violating Visa and or MasterCard regulations.
1- Registration for MCC7841 is only required for Non-Face-to-face adult content. 2- Information herein, including applicable MCC's, is subject to change

(2) M C / V I S A / D I S C O V E R ® NETWORK FULL SERVICE / AMERICAN EXPRESS

Your Total Monthly Cash and Credit Sales: \$ _____ Your Total Monthly Cash and Credit Sales: (For All Outlets) \$ _____
Estimated MC/Visa Average Ticket / Sales Amount: \$ _____ Total Monthly MC/Visa Volume: (For All Outlets) \$ _____
Monthly MC/Visa Vol. for this Outlet: \$ _____ Estimated Discover Monthly Sales Volume (For All Outlets): \$ _____
Estimated High Ticket Amount: \$ _____ Estimated American Express Monthly Sales Volume (For All Outlets): \$ _____
Estimated American Express Monthly Sales Volume for this Outlet: \$ _____ Estimated Discover Average Ticket for this Outlet: \$ _____
Estimated American Express Average Ticket for this Outlet: \$ _____ Estimated Discover Monthly Sales Volume for this Outlet \$ _____

(3) ENTITLEMENTS

[] MC/ Visa/ Discover Full Processing (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)
[] Voyager Fleet* Annual Voyager Volume: \$ _____ *Tax exempt Voyager Cards accepted: [] Yes [] No [] MC Fleet
[] WEX Full Acquiring Annual WEX Volume: \$ _____ [] WEX Non-Full Svc or Wex Crossroads
[] Non-Lic. JCB (EDC) _____ (Existing Account #)
[] American Express [] (Existing Direct SE #) _____ [] Existing Discover Retained SE # _____
American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____
[] Debit Package 8 4 0 7 2 0 6 1 [] EBT FNS # (XREF): _____ [] EBT CASH

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Yr. Started: _____ [] Sole Ownership [] Partnership [] Non Profit/Tax Exempt [] Public Corp. [] Private Corp. [] L.L.C. [] Gov't.
Check one: TIN Type: [] EIN (Fed Tax ID #) _____ [] SSN _____ [] D&B #: _____

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)

Name (as it appears on your SS 4 form) Federal Tax ID#: (as it appears on your SS 4 form) [] I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

Mag Swipe _____ % + Keyed Manually _____ % = 100% Product/Services You Sell: _____
POS Card Present (MAG Swipe and/or Manual Imprint) _____ % + Mail Order/Direct Marketing _____ % + Phone Order _____ % + Internet _____ % = 100%
Do you use any third party to store, process or transmit cardholder data? [] Yes [] No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)
If yes, give name/address: _____
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: [] (206) CARDnet [] Nashville [] BuyPass [] Other Specify Security Code: ()
Customer- Owned Leased (Circle one) QTY IP Equipment Type (i.e. Terminal/ VAR/ Internet) Retail • Restaurant • MOTO/ Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petro Model Code and Name For Customer-Owned Equipment Track / Version/ Serial #
Own Lease R Re MOTO/I L S C QSR P
Own Lease R Re MOTO/I L S C QSR P
NOTE: Any Special Instructions must be included on About Merchant's Business Page.

VAR/ Internet/ Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____

[] Auto Settle Time _____ [] Debit Cash Back _____ [] Clerk /Server Entry [] Retail With Tip [] QSR-CR/SMT (Convenience/Small Ticket) QSR Print Option _____

PLEASE SEND COMPLETED INFORMATION TO Petroleum Card Services
Phone: 866.427.7297 • FAX: 775.782.7572 • Email: Applications@pcs4fuel.com • www.pcs4fuel.com



MERCHANT PROCESSING APPLICATION AND AGREEMENT

PCS2105 (ia)

(6) PROVIDE YOUR OWNER INFORMATION

PCS2105 (ia)

Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	
Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	
Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	
Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	
Controlling Position	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge) <u>Non-Taxable Fees:</u> Application Fee (Non-Refundable) (247) \$ _____ Account Validation Fee (182) \$ _____ <i>(One-time fee charged at time of boarding)</i> Reprogramming Fee (31A) \$ _____ Debit Set-up Fee (31B) \$ _____	Authorization and AVS Fees MC Auth Fee (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$ _____ Visa Auth Fee (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ _____ Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____ Amex Auth Fee (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ _____ MC/Visa /Discover/Amex Voice AVS (039, 049, 069, 079, 03A, 04A, 06A) \$ _____ MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 036, 037, 045, 046, 047, 065, 066, 067, 075 076, 077) \$ _____ AVS Fee (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ _____	Other Fees Early Termination Fee \$ _____ Annual Membership Fee (294) \$ _____ Chargeback Fee (205, 725, 20L) \$ _____ Retrieval Fee (262) \$ _____ Batch Settlement Fee (227) \$ _____ EBT Purchase/ Return (029) \$ _____ Visa/ MC/ Disc Access Fee (241, 197, 526) \$ _____ Amex Access Fee (26E) _____ % Visa Auth Processing Fee (Credit) (04H) \$ _____ Visa Auth Processing Fee (Debit) (04J) \$ _____ NABU Fee (60M, 0B4) \$ _____ TransArmor Txn Fee (12E) \$ _____ ACH Reject Fee (40I) \$ _____ Non Return of Equipment Fee \$ _____ Other \$ _____
Billed Monthly Fees Monthly Service Fee (335) \$ _____ Minimum Processing Fee (953) \$ _____ Wireless Access Fee Per TID (60J) \$ _____ Monthly ClientLine® Fee (32R) \$ _____ eIDS Monthly Fee (29E) \$ _____ Regulatory Product Fee (35I) \$ _____ Monthly Statement Fee (323) \$ _____ TIN/TFN Blank or Invalid Fee (181) \$ _____ <i>(as applicable)</i> Merchant Supply Advantage (413) \$ _____ Network Access Fee – Debit (420) \$ _____ TranArmor Service Fee (30L) \$ _____ Gateway Fee (417) \$ _____ Misc. Fee: (31J) \$ _____	Fleet Card Fees <u>Authorization Fees</u> Voyager (0D0, 0D1, 0DV) \$ _____ WEX (0D4, 0B1, 0BV) \$ _____ <u>Other Payment Fees:</u> Voyager Sales Discount Fee (766) _____ % Wright Express Sales Discount Fee (840, 841, 842, 843) _____ % Retrieval Fee (29I) \$ _____ Chargeback Fee (29H) \$ _____ Datawire Micronode 1400 Monthly Fee (each) (354) \$ _____	Payeezy Gateway– Global Gateway e4 Payeezy Set-up Fee Per TID (40B) \$ _____ Payeezy Monthly Fee Per TID (40A) \$ _____ Payeezy Transaction Fee (OFC) \$ _____
Enhanced Security Package Enhanced Security Pkg Monthly* () \$ _____ OR Enhanced Security Pkg Annual* () \$ _____ *Billing to start 2 months after contract date.	Mobile Pay Wireless Comm Monthly Fee (60J) \$ _____ Wireless Transaction Fee (43A) \$ _____	

Interchange fees will be passed through if applicable: MC Acq, CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq, Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor-Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq, Base II Credit voucher fee credit, Debit, Svc Interreg Fee Debit, Svc Intereg, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual pmnts product; Discover Int'l Proc Fee, Int'l Svc Fee, Data Usq Fee.

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard, Visa, or Discover plus a MasterCard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .13% or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (MasterCard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$ _____ (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
	MC Qual Credit (800) _____ %	Visa Qual Credit (804) _____ %	Discover Qual Credit (170) _____ %	American Express Qual Credit (164) _____ %
American Express Sales Credit Transaction Fee \$ _____ (013, 014)	MC Qual Non Pin Debit (850) _____ %	Visa Qual Non-Pin Debit (854) _____ %	Discover Qual Non-Pin Debit (964) _____ %	American Express Program Cost (3AL) _____ %
Bundled PIN Debit (191, Key 0-593) \$ _____ OR	Unbundled PIN Debit– Txn Fee (018) \$ _____	Unbundled PIN Debit Discount Fee (Key 190, 590, 593) _____ % (plus the applicable network fees)		Debit PIN Debit Decline Transaction Fee (42R) \$ _____

DBA Name _____

PCS2105 (ia)		(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)				PCS2105 (ia)	
	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee		
MC Qualified Credit	(800) _____%	(001, 002) \$ _____	Visa Non-Qualified Non-Pin Debit	(864) _____%	(154, 155) \$ _____		
MC Mid- Qualified Credit	(810) _____%	(611, 612) \$ _____	Discover Qualified Credit	(170) _____%	(015, 016) \$ _____		
MC Non-Qualified Credit	(820) _____%	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____%	(717, 718) \$ _____		
MC Qualified Non-Pin Debit	(850) _____%	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____%	(721, 722) \$ _____		
MC Mid- Qualified Non Pin Debit	(870) _____%	(140, 141) \$ _____	Discover Qualified Non-Pin Debit	(964) _____%	(787, 788) \$ _____		
MC Non-Qualified Non-Pin Debit	(880) _____%	(150, 151) \$ _____	Discover Mid-Qualified Non-Pin Debit	(968) _____%	(791, 792) \$ _____		
Visa Qualified Credit	(804) _____%	(005, 006) \$ _____	Discover Non-Qualified Non-Pin Debit	(978) _____%	(795, 796) \$ _____		
Visa Mid- Qualified Credit	(814) _____%	(615, 616) \$ _____	American Express Qualified Credit	(164) _____%	(013, 014) \$ _____		
Visa Non-Qualified Credit	(824) _____%	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____%	(62T, 62U) \$ _____		
Visa Qualified Non- Pin Debit	(854) _____%	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____%	(65S, 65T) \$ _____		
Visa Mid Qualified Non-Pin Debit	(874) _____%	(144, 145) \$ _____	American Express Program Cost	(3AL) _____%			

Flat Rate					
	Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit	(800) _____%	(001, 002) \$ _____	Discover Qual Credit	(170) _____%	(015, 016) \$ _____
MC Qual Non-Pin Debit	(850) _____%	(130, 131) \$ _____	Discover Qual Non-Pin Debit	(964) _____%	(787, 788) \$ _____
Visa Qual Credit	(804) _____%	(005, 006) \$ _____	American Express Qual Credit	(164) _____%	(013, 014) \$ _____
Visa Qual Non-Pin Debit	(854) _____%	(134, 135) \$ _____	American Express Program Cost	(3AL) _____%	

Dues & Assessments (273,274,234, 237,286,27L) **Billback** Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) _____ %

Discount Fees (Based On Gross Sales Volume)

Accept all MasterCard, Visa and Discover Transactions (presumed, unless any selections below are checked)

<input type="checkbox"/> MasterCard Acceptance <input type="checkbox"/> Accept MC Credit transactions only <input type="checkbox"/> Accept MC Non-PIN Debit trans only	<input type="checkbox"/> Visa Acceptance <input type="checkbox"/> Accept Visa Credit transactions only <input type="checkbox"/> Accept Visa Non-PIN Debit trans only	<input type="checkbox"/> Discover Acceptance <input type="checkbox"/> Accept Discover Credit transactions only <input type="checkbox"/> Accept Discover Non-PIN Debit trans only <input type="checkbox"/> Discover Network- PayPal <input type="checkbox"/> Discover network- PayPal Credit transactions Only	<input type="checkbox"/> American Express OptBlue Acceptance <input type="checkbox"/> Accept American Express Credit transactions only
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of trans action, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 18.1 of the Program Guide).

BANKING INFORMATION

First/Last Contact Name at Bank: _____	Phone Number: _____
Routing Number: _____	88A: _____

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and reviewed a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the internet at: <http://www.pcs4fuel.com>. Client acknowledges and agrees that we, our affiliates and our third party subcontractors and /or agents may use automatic telephone dialing systems to contract at the telephone number (s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event the Client is unable to be reached, even if the number provided is a cellular or wireless number or if client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. By signing below, each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to verify the information contained in the this application and to request and obtain from any consumer reporting agency and other sources, including bank reference, personal and business consumer reports and other information and to disclose such information amongst each other for any purposes permitted by law. If the Application is approved, each of the under signed also authorizes us and our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us and our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all reference, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application. As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/ or automated electronic computer security screening, by us on our third party vendors. I further acknowledge and agree that I will not use my merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transaction in cretin jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC). **Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provide herein are correct.** THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE. Client's Business Principal: (Please sign below)

X Signature _____
Print Name _____ **Date:** _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____
Signature _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

X Signature _____
(Processor): Petroleum Card Services
X Signature _____
(Bank): Wells Fargo Bank, N.A.

Print Name _____ **Date:** _____

(9) PERSONAL GUARANTY

In exchange for Petroleum Card Services and/or First Data Merchant Services LLC and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and MasterCard International, Inc.) acceptance of the Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. Petroleum Card Services and First Data Merchant Services LLC are relying upon this Guaranty in entering into the Agreement.

Signature (Please sign below): _____ **Signature (Please sign below):** _____
X _____, an individual **X** _____, an individual



MERCHANT PROCESSING APPLICATION AND AGREEMENT

Bank Code: _____ Merchant ID: _____ BuyPass Merchant #: _____

DBA NAME _____ 24 (Characters)

PCS2105 (ia) **BANKING INFORMATION (REQUIRED)** PCS2105 (ia)

First/Last Contact Name at Bank: _____ Phone Number: _____

ABA #: _____ DDA #: _____

CHECKLIST INFORMATION

Sales Support ID: _____ Sales Rep. ID #: _____ Print Sales Rep. Name: _____

HIERARCHY: Bank: _____ Agent: _____
Corp.: _____ Chain: _____ BuyPass FIID: _____

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, Mos. in Operation: _____
Mos. 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. Time Zone (required): _____
- 9. Approx. Square Footage:
 0-250 251-500 501-2,000 2,001+
- 10. # of Employees: _____
- 11. # of Registers: _____
- 12. Return Policy:
 Full Refund Exchge Only None
- 13. Do you have a refund policy for your MC/Visa /Discover® Network sales? Yes No
If yes, Check one:
 Exchange Store Credit Refund Cardholder
If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?
 0-3 4-7 8-14 Over 14 days
- 14. Proper License Visible (Liquor, Tax ID, etc.):
 Yes No, explain: _____
- 15. Your Previous Processor: _____
- 16. Your Previous Merchant #: _____
- 17. Check Reason for Changing:
 Rate Service Terminated
 Other: _____
- 18. D & B #: _____
- 19. Do You Have Previous Processor MC/ Visa/Discover Statements? Yes No
- 20. Are customers required to leave a deposit?
 Yes No
If Yes, % of deposit required: _____ %
Time Frame for Delivery: _____ Days

Comments to Credit Officer (40 Characters): _____

MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: (check one) 01 = Outlet 02 = Stmt to Bill To/No Recap 07 = Suppress Stmt (No Stmt) 08 = Produce Recap, No Stmt
 09 = Bill to Address/Stmt and Recap 10 = Recap to Bill To/Stmt to Outlet

Statement Type: (check one) Detail Summary Statement Delivery Method: (check one) E-Mail Online Print and Mail

Statement E-Mail Address: _____

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one)
 0 = Each Transfer 1 = Debit/Credit Grouped (By Category) 2 = Net Transfer Amount Only 3 = Net Transfer EOM Fee Combined

PROCESSING INFORMATION

- 1. Processing mode: EDC: ECR
- 2. Funding will be processed DAILY via: ACH Bankwire
- 3. Bank will fund: Outlet Head Office
- 4. # of Plates: _____ Long _____ Short
(will be shipped by ISO)
- 5. Fire Safety Act: Yes No
- 6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):
 Outlet Head Office Other, give mailing information below No Welcome Packet and Supplies No Welcome Packet

Name:		First/Last Contact Name:	
Address:		City:	State: Zip:

DBA Name _____

Merchant ID: _____

PCS2105 (ia)

PROCESING INFORMATION (cont'd)

PCS2105 (ia)

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	Terminal Features: (Cont'd)	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	Key Disable	or
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	or	Password Protect
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> Amex Prepaid Program Preference	Credits	<input type="checkbox"/>
<input type="checkbox"/> Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<small>(Choose One):</small> <input type="checkbox"/> Partial Auth	Voids	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Balance Back	Forces	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Other _____	Reviews	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	PINPad:	Bal /Settle	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ <small>(List Current Provider)</small>	<input type="checkbox"/> Retail With Tip	<input type="checkbox"/> TDES Encryption	Auth Only	<input type="checkbox"/>
<input type="checkbox"/> E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> DUKPT	Reports	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> Access Code # _____	Tip Adjustment	<input type="checkbox"/>
	<input type="checkbox"/> Verify Amount Prompt			<input type="checkbox"/>

Comments: _____

(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information
(All Questions must be Answered)

1. What % of total sales represent business to business (vs business to consumer):
 Business to Business _____% + Business to Consumer _____% = 100% (total sales)

2. What % of bankcard sales represent business to business (vs business to consumer):
 Business to Business _____% + Business to Consumer _____% = 100% (bankcard sales)

3. What is the time frame from transaction to delivery? (% of orders delivered in):
 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%

4. MC/ Visa /Discover sales are deposited (check one): Date of order Date of delivery Other (specify): _____

5. Who performs product / service fulfillment? Direct Vendor Other If vendor, add
 Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? Yes No