

SURCHARGE NOTIFICATION FORM

Merchant Information:

Merchant Name:			
Merchant Number(s):			
Sales Channel(s) Merchant will Surcharge in:	<input type="checkbox"/> Retail	<input type="checkbox"/> Internet	<input type="checkbox"/> Mail/Telephone Order
Surcharging All Credit Cards or Specific Credit Products*:	<input type="checkbox"/> Brand Level	<input type="checkbox"/> Product Level	
Surcharge Amount:	<input type="checkbox"/> Percentage _____ %	<input type="checkbox"/> Flat Amount \$ _____	

Merchant Location(s) Information:

Select the number of merchant locations you wish to register:	
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Notification to Card Brands:

Date Merchant Notified Mastercard of Intent to Surcharge:	
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By signing and dating this Surcharge Notification Form, the undersigned Merchant acknowledges that Merchant will strictly adhere to and follow all program requirements listed below regarding the Surcharge Program:

- Merchant must notify merchant service provider of their intent to initiate a Surcharge Program 30 days prior to implementation
- Merchant must register with Mastercard online via the following website 30 days prior to implementation
https://www.mastercard.us/en-us/surcharge-disclosure-webform.html#contentpar_text
- Merchant must adhere to all card brand surcharge regulations
- Merchant must display proper surcharge signage
- Merchant must not surcharge on PIN debit, offline/signature debit or prepaid card transactions
- Merchant must not surcharge an amount greater than merchant's overall average discount rate for credit card transactions taken in the preceding 1 month period or preceding 12 month period; Surcharge amount must **never** exceed 3%
- Merchant must abide by all relevant federal, state and local laws

I hereby certify I have read and understand & agree to strictly adhere to the information & requirements above regarding the Surcharge Program. I understand that failure to adhere to any of the above items may result in removal from the Surcharge Program in addition to being responsible for any non-compliance fees related to the Surcharge Program that are assessed by the card brands.

Principal Name (Print): _____

Principal Signature: _____

Date: _____

*If this request involves surcharging at the Brand Level, it is important to note that surcharging must be applied to all card types in a non-discriminatory manner.