

TRANSFIRST MERCHANT SERVICES
371 Centennial Parkway, Louisville, CO 80027
800-654-9256

FIFTH THIRD BANK (Merchant Bank)
38 Fountain Square Plaza, Cincinnati, OH 45263
800.972.3030

APPLICATION FOR MERCHANT CARD PROCESSING

Value Added Services Addendum Corporate Outlet Information Form Equipment Lease / Rental Form Setup Options Form

STW Short Name: _____ Assoc #: _____

Sales Rep Name _____ Sales Rep #: _____ Branch # (if applicable) _____

Business Information

Legal Business Name (25 char max)		DBA Name (25 char max)	
Legal Address		DBA Address (Physical location, no PO Boxes)	
City	State	ZIP	City State ZIP
Legal Phone Number	Legal FAX Number	DBA Phone Number	DBA FAX Number
() - () -		() - () -	
Email address for Notices: (See "Notices" in the Merchant Card Processing Agreement on the reverse side for additional information relating to email address usage.)		Website address www.	
Preferred Address for:		Federal Tax ID	Length Owned?
Statements? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address			____ Years
Chargebacks? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address <input type="checkbox"/> Dedicated FAX _____		____ / ____ - ____ - ____	____ Months
Contact Name: _____ Phone _____			
Seasonal Business? If yes, indicate by "X" the months that are ACTIVE.		Any prior bankruptcies?	
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, filing date? _____	
		Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, filing date? _____	
Type of Ownership:		Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service	
<input type="checkbox"/> Sole Proprietorship, Date of Birth _____		<input type="checkbox"/> Business to Business _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> MOTO order _____%	
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Ltd Partnership		MCC / SIC _____	
If Corporation: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit or <input type="checkbox"/> Other			
Description of Products or Services Sold:			

Owner and or Officer Information

NOTE: ONLY INCLUDE SOCIAL SECURITY NUMBERS IF THE MERCHANT IS A PROPRIETORSHIP OR PARTNERSHIP AND YOU ARE AN OWNER OR GENERAL PARTNER, OR IF YOU ARE A GUARANTOR OF THE MERCHANT'S OBLIGATIONS UNDER THE MERCHANT AGREEMENT – TEXAS RESIDENTS – BANK'S PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.TRANSFIRST.NET.

Name of Principal and Title	Percent Owned	Social Security #	Residential Address, City, State, Zip	Residential Phone Number
	%	- -		
	%	- -		

Processing Information

Have you ever accepted credit cards before? Yes No If Yes, what is the Processor's name? _____
Please provide the most recent 3 months of credit card processing statements.

Number of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

Do you bill your customers prior to goods being shipped? Yes No
If Yes, how many days? 0-2 days 3-30 days 31-60 days 60-90 days Over 90 days

How do you advertise? (check all that apply) Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail
 Other, please explain: _____

Please supply copies of advertising, including catalogs and brochures.
Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www. X .com, .net .org, etc.) on each page.

Percent of Current Credit Card Processing (Must equal 100%)	If the percent of transactions <u>without imprints</u> is greater than 20%, do you use a third party fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom: _____	Average Visa / MC/DISC Transaction (Ticket) Amount \$ _____	Total Monthly Visa / MC /DISC Volume \$ _____
Terminal card swiped transactions ----- %			
Terminal manually keyed (Card Present with Imprints)----- %			
Touch Tone entered (Card Present with Imprints) ----- %			
Terminal manually keyed (Card Not Present / without imprints) ----- %			

Qualified Processing Method: Select one EDC Retail EDC Card Not Present (CNP) Touch Tone Capture Cash Advance Paper Other

List the names of each of your independent contractors or agents that will have access to cardholder data: (Attach separate pages if needed)

Merchant initials _____

Banking Information

Deposits/ Withdrawals	Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number ** (Shown on the bottom of the Check)	Phone Number
Deposits & Withdrawals <input type="checkbox"/>				
Deposit Only <input type="checkbox"/>		I: _____		
Withdrawal Only <input type="checkbox"/>		I: _____		

****AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined on page 3) is authorized to initiate or transmit automatic debit and / or credit entries and / or check entries to the account identified in the **attached voided check** relating to the above account (**) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

Please mark one box indicating the type of account to be used for ACH entries: Checking acct Savings acct Bank GL acct

Trade References

Trade Name	Account Number	Product Sold	Phone Number

Card Acceptance

Card Types Accepted? Select all that apply. All Visa/ MC/Disc Cards Visa / MC Credit Cards & Business Cards only Visa / MC Debit cards only

American Express (AMEX) Diners/Carte Blanche JCB PIN Based Debit EBT Cards

Purchasing Cards Corporate Cards Fleet Cards

Summary of Fees

DISCOUNT METHOD: <input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY					
Fee Category All V / MC/DISC Cards	Discount Rate	Transaction Fee	Per Item Fee	Application (Set Up) Fee \$	Monthly Minimum Fee \$
Qualified Rate: (Retail, MOTO, Internet)	_____ %	\$	\$	Monthly Statement Fee \$	Annual Fee \$ Starting Date:
Check Card Rebate: (Signature Based)	- _____ %	\$	\$	Voice Auth / ARU Trans Fee \$	ACH Return Fee \$
Mid-Qualified Surcharge: Retail Only	_____ %	\$		Chargeback Fee \$	Retrieval (Request for Copy) Fee \$
Non-Qualified Surcharge: Retail, MOTO, Internet	_____ %	\$		Monthly Merchant Club Fee \$	Monthly TransLink Fee \$
Wireless per Transaction Fee (In addition to Visa/ MC/DSV Transaction Fee)		\$		Monthly Wireless Gateway Fee (per Terminal) \$	
Visa/MC Pin Based Debit Card Per Transaction Fee \$	Monthly Debit Network Fee \$	Debit Card Application Fee \$	Non AVS Adjustment \$0.50%	Wireless Setup Fee (One time per Terminal) \$	
Other Fee:		Other Fee:		Network Release Fee \$11.50 (semi-annual)	Monthly PCI Compliance Fee \$4.47
<input type="checkbox"/> Existing Discover Network # _____ <input type="checkbox"/> I do not wish to apply for Discover Network Cards					
<input type="checkbox"/> Existing AMEX # _____ <input type="checkbox"/> Apply for American Express AMEX Transaction Fee \$ _____ Amex Application Fee \$ _____					
Special Fee Conditions: All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as V / MC Transaction Fees. Monthly Minimum Fee applies to Discount Rate and captured transaction fees.					
Transactions on National Debit Networks may be surcharged up to 1.05%					

Equipment Options

Item Description	Model Number / ID	QTY	Code	Price	
Terminal				\$	Equipment billed to: <input type="checkbox"/> Merchant <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> NA
Terminal				\$	Equipment shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> NA
Printer				\$	Welcome Kit sent by: <input type="checkbox"/> Agent or <input type="checkbox"/> Processor: And if applicable, <input type="checkbox"/> Plate Only
PIN Pad				\$	Welcome Kit shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> NA
Check Reader				\$	Merchant trained by: <input type="checkbox"/> Agent or <input type="checkbox"/> Processor If "Other" selected above, please provide details below.
Imprinter				\$	Name
				\$	Address
				\$	City State ZIP

Codes: **FUA** = Free Use Addendum (Submit FUA addendum with this Application), **MO** = Merchant Owned, **PN** = Purchase New, **PO** = Purchased Via Other Source, **PRF** = Purchased Refurbished, **RTL** = Rental / Lease, or **STW** = STW Provided. Shipping, handling and tax will be billed in addition to the equipment price listed above.

Merchant initials _____

Merchant Site Survey Report (To Be Completed By Sales Representative)

Identify the type of merchant location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Separate Building <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Other			
The Merchant: <input type="checkbox"/> Leases or rents <input type="checkbox"/> Owns building premises		Landlord Name	Landlord Telephone Number ()
Yes No	<input type="checkbox"/> <input type="checkbox"/> Merchant appears to be conducting business as represented in this app. <input type="checkbox"/> <input type="checkbox"/> Merchant appears adequately staffed and stocked to do business. <input type="checkbox"/> <input type="checkbox"/> Merchant has posted business license(s).	Yes No I have:	<input type="checkbox"/> <input type="checkbox"/> Taken pictures inside and outside of the premises? <input type="checkbox"/> <input type="checkbox"/> Confirmed the identity of the person signing the application? (Drivers License) <input type="checkbox"/> <input type="checkbox"/> Confirmed signor as owner and/or principal of the business? (Bus License)
If "No" to any question above, please explain. Add any other comments (use separate page in needed):			
I, the Sales Rep identified below, do hereby certify that I have physically inspected the business premises of the Merchant at this address, or I have attached the Business License / Proof of Business. I also certify that all information submitted in this application is correct to the best of my knowledge.			
Inspected By/Sales Representative (print name)		Sales Representative Signature X	Representative # Date

Select Additional Products and Services (Value Added Service Addendum Required)

Gift Cards - Select One: <input type="checkbox"/> Gift Card only <input type="checkbox"/> Gift Card Plus Loyalty
Check Processing Services - Select One: <input type="checkbox"/> Standard Verification <input type="checkbox"/> Standard Guarantee <input type="checkbox"/> Premium Verification <input type="checkbox"/> Premium Guarantee
<input type="checkbox"/> Transaction Central <input type="checkbox"/> Pre-Paid Cards <input type="checkbox"/> Acceptance of Other Card Types (JCB, EBT Cards)
If any box is checked above, please complete those sections of the VALUE ADDED SERVICES ADDENDUM and submit along with this Application.
Note: The additional products and services set forth in this section are provided by Processor and its contractors. Merchant Bank does not provide such services and has no responsibility or liability therefore.

For purposes of this application, "Processor" is TransFirst, LLC, located at 371 Centennial Parkway, Louisville, CO 80027 and can be contacted at 800-654-9256 and "Merchant Bank" is the merchant bank named, and located at the address listed, in the top right hand portion of this application.

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes the Merchant Bank or any credit bureau or any credit reporting agency employed by Merchant Bank or any agent of Merchant Bank, to make whatever inquiries the Merchant Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks Merchant Bank whether or not a consumer report was requested, Merchant Bank will tell such person, and if Merchant Bank received a report, Merchant Bank will give such person the name and address of the agency that furnished it). Each person also authorizes the Merchant Bank to give information to others, including other creditors and credit reporting agencies, concerning the Merchant Bank experience with Merchant. The Merchant Bank may request additional information if the Merchant Bank decides that it is necessary. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF THE MERCHANT CARD PROCESSING AGREEMENT SET FORTH IN DETAIL ON THE REVERSE SIDE OF THIS DOCUMENT. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS.**

If Discover Network Card acceptance is selected on the previous page, Merchant hereby requests Discover Network Card acceptance be added to this Application. Note: Discover Network Card processing services are provided by the Discover Network, Processor and their respective contractors. Merchant Bank does not provide such services and has no responsibility or liability therefore. Merchant understands that the Terms and Conditions for Discover Network Card acceptance ("Discover Network Merchant Agreement and Operating Regulations") will be sent to Merchant upon approval by Discover Financial Services, LLC for Merchant to accept the Discover Network Cards by Discover Financial Services, LLC. By accepting Discover Network Cards for the purchase of goods and/or services, Merchant agrees to be bound by the Discover Network Merchant Services Agreement and Operating Regulations. If American Express is selected on the previous page, then by signing below, Merchant represents that the information provided on the Application is complete and accurate and Merchant authorizes American Express Travel Related Services Company, Inc (American Express) to verify the information on this Application and to receive and exchange information about Merchant, including, requesting reports from consumer reporting agencies. If Merchant asks American Express whether or not a consumer report was requested, American Express will tell Merchant, and if American Express received a report, American Express will give Merchant the name and address of the agency that furnished it. Merchant understands that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express@Card Acceptance ("American Express Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, Merchant agrees to be bound by the American Express Terms and Conditions. If selected above, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement. Further, Merchant hereby requests Check Service acceptance be added to this Application. Merchant understands that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck. If selected above, Merchant hereby requests CrossCheck acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by CrossCheck. If selected above, Merchant hereby requests Tender Card Gift and Loyalty card acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by Tender Card. Early Termination Fees apply; See Terms and Agreements.

Merchant(s) Signature		Guarantor(s) Signature	
1) _____ Merchant Signature (Principal or Owner) Date	_____ Date	1) _____ Guarantor Signature Date	_____ Date
Print name Title		Print name (No titles)	
2) _____ Merchant Signature (Principal or Owner) Date	_____ Date	2) _____ Guarantor Signature Date	_____ Date
Print name Title		Print name (No Titles)	

For Internal Use Only

Accepted by Processor Date	Accepted by Merchant Bank Date
Print name Title	Print name Title

PATRIOT ACT NOTIFICATION AND DISCLOSURE

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH INDIVIDUAL OR BUSINESS WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE AND/OR OTHER IDENTIFYING DOCUMENTS.

SECTION I: IF MERCHANT IS A GOVERNMENT ENTITY, CHECK BOX FOR SUPPORTING DOCUMENTATION PROVIDED
DO NOT COMPLETE SECTIONS II AND III

- GOVERNMENT ENTITY ARTICLES OF INCORPORATION
 GOVERNMENT ENTITY TAX DETERMINATION LETTER
 GOVERNMENT ENTITY THIRD PARTY VERIFICATION (DESCRIBE) _____

SECTION II: CHOOSE A FORM OF IDENTIFICATION (MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED, AND SUPPORTING DOCUMENTATION MUST BE PROVIDED) **COMPLETE SECTION III BELOW FOR ADDITIONAL REQUIRED INFORMATION

BUSINESS NAME:

<input type="checkbox"/> GOVERNMENT ISSUED BUSINESS LICENSE IDENTIFICATION NUMBER _____ PLACE OF ISSUANCE _____ DATE OF ISSUANCE _____ EXPIRATION DATE _____	<input type="checkbox"/> TAX RETURN I.R.S. EMPLOYER IDENTIFICATION NUMBER _____ TYPE OF TAXES FILED _____ PLACE OF ISSUANCE _____ DATE FILED _____
<input type="checkbox"/> CORPORATE RESOLUTION PLACE OF ISSUANCE _____ DATE FILED _____	<input type="checkbox"/> ARTICLES OF INCORPORATION PLACE OF ISSUANCE _____ ARTICLES OF INCORPORATION FILE DATE _____
<input type="checkbox"/> PARTNERSHIP AGREEMENT NAME OF WHO EXECUTED PARTNERSHIP AGREEMENT _____ DATE OF PARTNERSHIP AGREEMENT _____ PLACE OF ISSUANCE _____	<input type="checkbox"/> BUSINESS FINANCIAL STATEMENTS DATE: _____ TYPE: _____ BALANCE SHEET _____ INCOME STATEMENT _____ STATEMENT OF CASH FLOWS _____ PLACE OF ISSUANCE _____
<input type="checkbox"/> ON-SITE VISIT DATE _____ Business Consistent with Application: Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION III: CHOOSE A FORM OF IDENTIFICATION
(MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED)

INDIVIDUAL NAME	ADDRESS OF RESIDENCE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)	DATE OF BIRTH

A VALID DRIVER'S LICENSE IS REQUIRED. IF NO DRIVER'S LICENSE IS AVAILABLE THE INDIVIDUAL SIGNING ON BEHALF OF THE MERCHANT MUST INITIAL HERE TO INDICATE THE INDIVIDUAL DOES NOT HOLD A DRIVER'S LICENSE AND CHOOSE ANOTHER FORM OF IDENTIFICATION LISTED BELOW: MERCHANT INITIALS _____
 DRIVER'S LICENSE IS: MORE THAN 90 DAYS OLD LESS THAN 90 DAYS OLD (CREDIT CARD INFORMATION REQUIRED)

DRIVER'S LICENSE NUMBER _____ DATE OF ISSUANCE _____ STATE OF ISSUANCE _____ EXP. DATE _____

<input type="checkbox"/> STATE ID IS: <input type="checkbox"/> MORE THAN 90 DAYS OLD <input type="checkbox"/> LESS THAN 90 DAYS OLD (IF LESS THAN 90 DAYS OLD, CREDIT CARD INFORMATION REQUIRED) STATE ID NUMBER _____ PLACE OF ISSUANCE _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____	<input type="checkbox"/> PASSPORT (CREDIT CARD INFORMATION REQUIRED) PASSPORT NUMBER _____ COUNTRY OF ISSUANCE _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____
<input type="checkbox"/> MEXICAN CONSULATE ID (CREDIT CARD INFORMATION REQUIRED) MATRICULA ID NUMBER _____ PLACE OF ISSUANCE _____ CITY OF ISSUANCE _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____	<input type="checkbox"/> MILITARY ID (CREDIT CARD INFORMATION REQUIRED) SOCIAL SECURITY NUMBER _____ PLACE OF ISSUANCE _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____
<input type="checkbox"/> RESIDENT ALIEN ID (CREDIT CARD INFORMATION REQUIRED) RESIDENT ALIEN ID NUMBER _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____ PLACE OF ISSUANCE _____	CREDIT CARD INFORMATION TYPE OF CARD _____ NAME OF CARD ISSUER _____ FIRST FOUR DIGITS OF CREDIT CARD NUMBER _____ EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____

NAME AND TITLE (PLEASE PRINT)	MERCHANT SIGNATURE*	DATE
_____	x _____	_____
SALES REPRESENTATIVE NAME (PLEASE PRINT)	SALES REPRESENTATIVE SIGNATURE*	DATE
_____	x _____	_____

* BY SIGNING ABOVE, YOU HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION LISTED HEREIN IS TRUE AND CORRECT AND WAS PERSONALLY OBSERVED ON THE INDICATED DOCUMENT.

VISA DISCLOSURE PAGE

Member Bank (Acquirer) Information

Acquirer Name: Fifth Third Bank
Acquirer Address: 38 Fountain Square Plaza
Cincinnati, OH 45263
Acquirer Phone: 800.972.3030

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signer) to the Merchant Agreement.
3. The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply.
4. The Visa Member is responsible for and must provide settlement funds to the Merchant.
5. The Visa Member is responsible for all funds held in reserve that are derived from settlement.

Merchant Information

Merchant Name: _____ Merchant Phone: _____
Merchant Address: _____

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Visa Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature

Merchant's Signature _____ Date _____

Merchant's Printed Name Title