

## APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: _____	Assoc #: _____	Sales Rep Name: _____	Sales Rep Code: _____	Branch #: (if applicable) _____
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For purposes of this application, "Processor" or "TransFirst" is TransFirst, LLC, or one of its TransFirst affiliates, located at 12202 Airport Way, Suite 100 Broomfield, CO 80021 and can be contacted at (800) 654-9256. Additional information can be found on the TransFirst website, [www.TransFirst.com](http://www.TransFirst.com).

### 1. BUSINESS INFORMATION

Legal Name of Business (25 characters max)		DBA Name (25 characters max)	
Legal Address _____ Suite _____		DBA Address (Physical location, no PO Boxes) _____ Suite _____	
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 included with this application for additional information relating to email address usage.)			
Customer Service Phone Number (_____) _____ - _____		Length Owned: _____ Years _____ Months	
Website Address: _____			
<b>Preferred Address for:</b> Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____ <input type="checkbox"/> Email Address (TransLink) _____			
Contact Name: _____		Title _____ Phone _____	
<b>Any prior bankruptcies?</b> 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? _____	
<b>Business type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Retail with Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Utility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Business to Business _____%			
Detailed business description (including description of Products or Services sold). Provide separate pages if needed:		MCC / SIC _____	

### 2. W-9 INFORMATION (Input information as shown on your income tax return.)

Taxpayer Identification Number: (Must be 9 digits) _____ <input type="checkbox"/> EIN <input type="checkbox"/> Social Security Number or <input type="checkbox"/> ITIN		Name (as shown on your income tax return, up to 40 characters) _____	
Address for IRS/Compliance notices: (if different than Legal Address given above) _____		To consent to paperless delivery of IRS notices, please review and check the box below: <input type="checkbox"/> By checking this box, you acknowledge that you have read and agree to Consent to Paperless Delivery of Tax Related Documents located at <a href="http://www.transfirst.com/documents">www.transfirst.com/documents</a> and included with this application and that you consent to receiving IRS notices via paperless delivery.	
City _____ State _____ ZIP _____			

For purposes of paperless delivery of IRS Notices, you are required to provide a valid email address. If different from the email address already provided above, please indicate the email address where you wish to receive paperless delivery of your IRS Notices. If you consent to receive IRS/Compliance notices by paperless delivery, please indicate the email address where such notices should be sent.  
**(Email address required)**

**Type of Ownership:** \_\_\_\_\_ Exempt Payee:  Yes  No

Sole Proprietorship, Date of Birth \_\_\_\_\_  LLC  Partnership  Ltd Liability Partnership  Government Entity  Trust  Professional Association  
 Political Organization  Public Corporation  Private Corporation  Non Profit Corporation

### 3. OWNER AND OFFICER INFORMATION

NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT [WWW.TRANSFIRST.COM](http://WWW.TRANSFIRST.COM).

Name of Owner/Officer and Title	Social Security Number	Date of Birth	Percent Owned	Residential Address, City, State, Zip	Residential Phone Number
	_____ - _____ - _____		_____ %		
	_____ - _____ - _____		_____ %		

### 4. PATRIOT ACT / SITE SURVEY

**PATRIOT ACT REQUIREMENTS** - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Section I and II for all business types except if a publically-traded company or Government Entity where only Section I is required. Completion of Section III by Sales Representative is required.

<b>Section I: Business Form of Identification</b>	<b>Items Reviewed</b>	<b>Section II: Individual Form of Identification</b>	<b>Items Reviewed</b>
<input type="checkbox"/> Govt. Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Government Entity	Business Name: _____ Date and Place of Issuance: _____ ID/IRS Employer ID: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID	Name: _____ Date of Birth: _____ DL/ID#: _____ Date of Issuance: _____ State/Country of Issuance: _____ Expiration Date: _____
<b>Section III:</b> <input type="checkbox"/> On Site Visit Done by Sales Representative Merchant's physical inventory consistent with the business signage:		<input type="checkbox"/> Sales Partner Validated <input type="checkbox"/> No Site Performed <input type="checkbox"/> Yes <input type="checkbox"/> No Site Consistent with application: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Signature of Sales Representative\*:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, as applicable.

**5. CARD 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#:** \_\_\_\_\_  
 Please check this box if you are applying for processing services for additional merchant locations. If the additional locations are under common ownership, federal tax identification number, same authorized signatory, please submit the Additional Merchant Addendum as Exhibit A with this application. Please note that all additional locations, along with the Primary location, will be subject to and governed by the terms and conditions of this application and the Merchant Card Processing Agreement referenced in and included with this application. If the additional locations are not under common ownership or have varying tax identification numbers and authorized signatories, you will be required to submit a separate Application for Merchant Card Processing per location.

**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  61-90 days  Over 90 days

**What is your Return and Refund Policy?** (Please be specific)

**How do you advertise?** (check all that apply)  Yellow pages  Telemarketing  Catalog  Word of mouth  Publications  Mass/Direct mail  Internet  
 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](http://www.X.com.net.org)) on each page.

**Card Types Requested?\*** Select all that apply.  All Credit Cards  All Credit and PIN Based Debit Cards  PIN Based Debit Cards Only \*\*

\*Merchant has the right not to accept all card types. \*\*Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, and not Merchant Bank, will settle American Express, PayPal™ In-Store, Discover, and JCB transactions.

Credit Card Processing Methods		Do you use a third party fulfillment house?	Average Credit/Debit Transaction (Ticket) Amount:	Total Credit/Debit Monthly Sales:
Card Swiped Transactions _____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Manually Keyed (Card Present with Imprints) _____ %		If yes, provide name and address. _____		
Manually Keyed (Card Not Present and/or Mail Order/Telephone Order) _____ %				
eCommerce (Card Not Present) _____ %				
<b>Total (must equal 100%) 100 %</b>				
Business to Business (must be 0 - 100%) _____ %				

**Does annual American Express volume exceed \$1,000,000?**  Yes  No **Would Merchant like to receive American Express marketing materials**  Yes  No\*

\*By checking 'No' merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

**Seasonal Business?**  Yes  No If Yes, indicate by "X" the months that are ACTIVE:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

List the names of each of your independent contractors or agents that will have access to, store, process, or transmit cardholder data, including online shopping carts, payment gateways, hosting companies, and order-taking services. (Provide separate pages if needed).

**6. BANKING INFORMATION**

Name and Phone Number of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Type of Accounts	Use this account for* (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> TXP ACH fees <input type="checkbox"/> chargebacks

\*If nothing indicated, Financial Institution #1 will be used for all ACH activity. \*\*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the provided voided check (if applicable) relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

**7. TRADE REFERENCES**

Trade Name	Account Number	Phone Number	Product Sold (if applicable)

**8. FEE SCHEDULE**

PRICING (Select One): <input type="checkbox"/> QMNR <input type="checkbox"/> Differential <input type="checkbox"/> Pass Through <input type="checkbox"/> TransFreedom				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> TTC	
<b>Fee Category:</b> Visa/MC/AXP/DISC/PP/JCB/ Diners Cards (if applicable)	Discount Rate	Authorization Fee	Per Item Fee	Voice/ARU Auth Fee	Chargeback Fee
Qualified or Plus Rate: (Retail, MOTO, Internet)	_____ %	All Card Types \$ _____	\$ _____	\$ _____	\$ _____
Mid-Qualified Surcharge: (Retail Only)	_____ %		\$ _____	Batch Close Fee	Retrieval Fee
Non-Qualified or Differential Surcharge: (Retail, MOTO, Internet)	_____ %		\$ _____	Monthly Minimum Discount	Application Setup Fee
Rewards Surcharge: (Retail Only)	_____ % <input type="checkbox"/> with Qualified Rewards at Pass Thru			Monthly Service Fee	Reprogramming Fee
Check Card Rebate: (Signature Based)	<input type="checkbox"/> Standard Card Rebates <input type="checkbox"/> Card Rebates at Full Difference <input type="checkbox"/> - _____		\$ _____	TransFreedom Monthly Fee	Terminal Support Fee
Fees for Access to Card Brand Services (see description below)	_____ %		\$ _____	Admin Fee: \$ _____	Annual Fee: \$ _____ Start Date: _____
				ACH Return Fee	<input type="checkbox"/> Merchant Savings Club
				Payment Gateway Monthly	Monthly Fee \$ _____
					Payment Gateway Setup \$ _____

The following association-related fees may be added to "Fees for Access to Card Brand Services" billing bundle or be itemized on merchant statements - Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC Digital Enablement, MC license fee, Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system, Visa FANF, Visa debit integrity, Credit Voucher fee for Visa, MC processing integrity, Discover data usage and American Express Access and System Processing fees. Further Visa / MC / AXP / DISC / PP mandated fees, including association Base II and kilobyte fees, Visa / MC / AXP / DISC / PP assessments, and \$15 Annual Location Fee for MC may also apply. **Batch Close Fee:** All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as Visa / MC / AXP / DISC/PP Trans Fees unless specified. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. Qualified T&E Surcharge of .60% will apply to T&E merchant transactions. **TransFreedom:** In addition to your TransFreedom Monthly fee, Automatic Volume Purchase billing may apply to volume processed in excess of the current pricing tier at a rate of \$20.00 per every \$500.00 in additional processed volume.

*Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability for them.*

**9. ADDITIONAL SERVICES AND TERMS**

<input type="checkbox"/> ACH Processing (ACH Addendum required)	<input type="checkbox"/> Check Services (CrossCheck Application required)	<input type="checkbox"/> Petro/Fleet (Petro Addendum required) <input type="checkbox"/> Voyager <input type="checkbox"/> Wright Express (WEX)
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**TransLink Insights**

Merchant is provided a 60 day free trial period. Merchant will be billed \$29.99 per location per month if not cancelled during the free trial period. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no obligation or liability for this product or service.

**By checking this box, Merchant declines to participate in the TransLink Insights product.**

**PIN Debit/EBT**

PIN Based Debit Per Item Fee* \$ _____	PIN Based Debit Monthly Fee \$ _____	PIN Based Debit Application Fee \$ _____	EBT Per Item Fee \$ _____
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\*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.

**Transaction Central/Transaction Express Processing Services**

<input type="checkbox"/> TC <input type="checkbox"/> TC Plus	TC Setup Fee \$ _____ (One time per POS)	TC Monthly Gateway Fee \$ _____ (per POS)	TXP Direct Swipe Monthly Fee \$ _____
<input type="checkbox"/> TXP <input type="checkbox"/> ACH	TXP Package Setup Fee \$ _____ (One time per POS)	TXP Package Monthly Fee \$ _____ (per POS)	Integration Fee \$ _____
QB Payment Terminal Setup Fee \$ _____ (per TXP ID)		QB Payment Terminal Monthly Fee \$ _____ (per TXP ID)	
ACH Discount Rate _____ %	ACH Trans Fee \$ _____	ACH Return Fee \$ _____	Fraud Check Fee \$ _____

**Wireless and Other Services**

Wireless Setup Fee \$ _____ (One Time/Per Terminal)	Wireless Monthly Gateway Fee \$ _____ (Per Terminal)	
Petro/Fleet (per Terminal) Setup Fee: \$ _____ Monthly Fee: \$ _____	SmartLink (per Modem) Setup Fee: \$ _____ Monthly Fee: \$ _____	Other Fee: \$ _____ Description: _____
<input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually Breach Coverage Fee \$ _____		PCI Quarterly Program Fee* \$ _____ *Fee will be reduced to \$ _____ for ongoing support once compliance is validated
Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked <input type="checkbox"/>		PCI Monthly Non Validation Fee \$ _____
<input type="checkbox"/> Guardian Monthly Fee: \$ _____	<input type="checkbox"/> Tokenization Monthly Fee: \$ _____	<input type="checkbox"/> Encryption Monthly Fee: \$ _____
WebPass Setup Fee: \$ _____	MultiPass Setup Fee: \$ _____	Hosted Payment Setup Fee: \$ _____
WebPass Monthly Fee: \$ _____	MultiPass Monthly Fee: \$ _____	Hosted Payment Monthly Fee: \$ _____

**10. EQUIPMENT OPTIONS**

**Industry:**  Retail  Retail w/ Tips  Restaurant  MOTO  QPS Retail  QPS Restaurant  Lodging  Petro/Fleet  Cash Advance

**Equipment shipped to:**  DBA  Legal  Agent  Other\*  N/A **Merchant trained by:**  Agent  TransFirst  Other\*

**Welcome Kit sent by:**  Agent  TransFirst **Welcome Kit shipped to:**  DBA  Legal  Agent  Other\*  N/A

\*If Other was selected above, provide shipping details below

*Name:	*Address:
*City:	*State:
	*Zip:

Item Description	Model	Version/SIM#	Qty	Code**	Price**	Bill To**	FEATURES
Terminal							PIN Based Debit <input type="checkbox"/> Yes <input type="checkbox"/> No   Dial Prefix
Terminal							EBT Services <input type="checkbox"/> Cash Benefits Only <input type="checkbox"/> Food Stamps*** <input type="checkbox"/> Both***
Terminal							***EBT FNS/FCS# (7 digits):   Multi-Merchant <input type="checkbox"/> Yes <input type="checkbox"/> No
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					Parent MID:   Number of Child Accts:
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					AVS <input type="checkbox"/> Yes <input type="checkbox"/> No   Invoice <input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Corp/Purch Card <input type="checkbox"/> Yes <input type="checkbox"/> No   eCommerce <input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Verification Code <input type="checkbox"/> Yes <input type="checkbox"/> No   Quick Pymnt Srv <input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Partial Auth <input type="checkbox"/> Yes <input type="checkbox"/> No   Shared Line <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Reader							Auto Close <input type="checkbox"/> Yes <input type="checkbox"/> No   Auto Close Time
Imager							Connection Method <input type="checkbox"/> Dial <input type="checkbox"/> IP/SSL <input type="checkbox"/> Wireless
Software Name							Store & Forward <input type="checkbox"/> Yes <input type="checkbox"/> No   Memory Size <input type="checkbox"/> 512K <input type="checkbox"/> 1Meg
Modem							EMV Capabilities <input type="checkbox"/> Contact <input type="checkbox"/> Contactless <input type="checkbox"/> NFC
Merchant Email Address (Required):							Tip at Time of Sale <input type="checkbox"/> Yes <input type="checkbox"/> No   Tip Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*Shipping, handling, and tax will be billed in addition to the equipment price listed above. **If merchant owned WAY terminal, SIM # & Serial # required.** Bill To Options: Merchant, Agent, TransFirst, N/A  
 Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, FLS = First Data Leasing, EE = Encryption exchange, RTL = POS Portal rental program or STR = Short term rental. Any free use equipment provided by TransFirst is the property of TransFirst and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at [www.transfirst.com/documents](http://www.transfirst.com/documents) and included with this application.

**11. TRANSACTION CENTRAL/TRANSACTION EXPRESS/ PROCESSNOW HARDWARE AND CONFIGURATION**

\*\*\*Required Data

**Product:**  Transaction Central  Transaction Central Plus (CC & ACH - ACH Addendum required)  Transaction Express

**Input Types:**  Virtual  Web Services  Batch  Post  Hosted **Industry:**  Retail  MOTO  eCommerce

\*\*\*Integrated Product Name: \_\_\_\_\_ \*\*\*Integrated Website Address: \_\_\_\_\_

\*\*\*Welcome Email Address: \_\_\_\_\_

Item Description	Config/Color	Qty	Code	Price**	Bill	TC FEATURES*	TC EXTENDED FEATURES*
MagTek CR						Batch Close Method <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> M/A	
Epson TM-T20 Printer	<input type="checkbox"/> USB <input type="checkbox"/> Serial					Recurring Method <input type="checkbox"/> A <input type="checkbox"/> M	Corp/Purch Cards <input type="checkbox"/> Y
iPad/register/print/scan/2swipers						Multi-User <input type="checkbox"/> Y	Dup Card Acceptance <input type="checkbox"/> Y
iPad/register/print/2swipers						Batch Upload <input type="checkbox"/> Y	ECI (req'd for internet) <input type="checkbox"/> Y

NoTab/register/print/scan/2swipers						Allow Blind Credits	<input type="checkbox"/> Y	AVS	<input checked="" type="checkbox"/> Y
NoTab/register/print/2swipers						Group ID:		Private Label	<input type="checkbox"/> Y
iPadMini/print/2swipers						PIN Based Debit	<input type="checkbox"/> Y		
iPadMini/2swipers						<b>TXP PROCESSING OPTIONS*</b>			
iPadAir/Stand/NoTab/2swipers						Batch Close Method	<input checked="" type="checkbox"/> M/A	Batch Close Time:	
2 Mobile Swipers						Direct Swipe	<input type="checkbox"/> Y	Intrchg Optimization	<input type="checkbox"/> Y
1 Mobile Swiper						Partial Auth	<input type="checkbox"/> Y	Resp Code Monitoring	<input type="checkbox"/> Y
Item Description	Config/Color	Qty	Code	Price**	Bill	Batch Response File	<input type="checkbox"/> Y	Private Label	<input type="checkbox"/> Y
						Group ID:			
						<b>*Important:</b> If feature not selected, it will be defaulted off. If Manual Recurring is selected, Auto Recurring is also activated. If both ECI and Recurring needs to be setup under 1 MID, 2 Transaction Central setups are required. <b>Note: A=Auto / M=Manual</b>			

**Special Instructions:**

\*\*Shipping, handling, and tax will be billed in addition to the equipment price listed above. **Bill To Options: Merchant, Agent, TransFirst, N/A**

**Codes:** FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, PI=Purchase Installments, FLS = First Data Leasing, EE = Encryption exchange, RTL = TransFirst rental program or STR = Short term rental. Any free use equipment provided by TransFirst is, as between Merchant and TransFirst, the property of TransFirst and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at [www.transfirst.com/documents](http://www.transfirst.com/documents) and included with this application.

**PLEASE CAREFULLY REVIEW THE MERCHANT CARD PROCESSING OPERATING GUIDE (the "OPERATING GUIDE") AND THE TERMS AND CONDITIONS OF VERSION 13.0716 OF THE MERCHANT CARD PROCESSING AGREEMENT (the "MPA") AVAILABLE AT [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), EACH OF WHICH IS HEREBY INCORPORATED BY REFERENCE. IF APPLICABLE, PLEASE ALSO CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 5.0614 OF THE CARD NOT PRESENT ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT AVAILABLE AT [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), WHICH IS HEREBY INCORPORATED BY REFERENCE.**

Agreement Signature: As the person signing below on behalf of the business designated on the above application as the Merchant, I certify that I am an owner, partner or officer of the Merchant and have been duly authorized to sign this application and to bind the Merchant to the MPA and the Operating Guide. Merchant and each Guarantor signing below hereby acknowledge that they have each read this application and the MPA and agree to be bound by the terms and conditions contained in these documents. Merchant (and Guarantor when applicable) by signing below agrees to comply with the Operating Guide. Merchant certifies that all information provided in this application is true, correct and complete. Merchant (and Guarantor when applicable) authorizes the Merchant Bank and Processor or their respective agents to make whatever inquiries the Merchant Bank or Processor deems appropriate to investigate and verify any of the credit, financial and other information given by Merchant for the purpose of this application, including credit references and to obtain credit reports on each person signing below. Credit or other information on Merchant, owners, officers and any guarantors of the Merchant may be requested for purposes of this application and during the merchant processing relationship pursuant to the MPA.

If 'RTL' or 'STR' is indicated in Section 10, then by signing below, and upon receiving delivery of the rental equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of either the POS Portal Rental Agreement or the Equipment Terms set forth in Section 24 of the Merchant Card Processing Agreement (as applicable). If renting equipment from POS Portal, Inc. ("POS Portal") Merchant authorizes POS Portal to verify the application information and receive and exchange information about Merchant, including requesting reports from consumer reporting agencies. If 'FLS' is indicated, then by signing below and upon receipt of the First Data Global Leasing (FDGL) equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of the Equipment Lease Agreement.

Processor will settle your American Express®, PayPal In-Store Checkout and Discover® transactions and (a) Merchant will receive one consolidated statement from Processor that will reflect Merchant's Visa, MasterCard, American Express, PayPal In-Store Checkout and Discover transactions; (b) Merchant's American Express, PayPal In-Store Checkout and Discover settlement funds will be paid at the same time and in the same manner as Merchant's Visa and MasterCard settlement; and (c) Merchant will not have a direct relationship with American Express, PayPal or Discover and the terms set forth in the MPA for American Express, PayPal In-Store and Discover transactions will apply. By signing below, Merchant agrees to be bound by the PayPal Operating Regulations for In-Store Checkout and the American Express merchant requirements contained in the Operating Guide. Merchant consents to the disclosure of transaction data, merchant data and other information about the Merchant to American Express and to the use by American Express of such information to perform its responsibilities in connection with the provision of its services, to promote the American Express Network, perform analytics and create reports, and for any other lawful business purposes including marketing purposes. Merchant agrees American Express may use any information in this application to screen and/or monitor Merchant in connection with American Express card marketing and administrative purposes.

If the TransFreedom Program is selected above, then by signing Merchant acknowledges, accepts and agrees that pricing is based upon processed volume and average ticket size and that this pricing may be subject to Automatic Volume Purchase billing, in addition to the TransFreedom monthly fee, if Merchant's actual processing volume exceeds its current pricing tier. Merchant accepts and agrees that it is obligated for all monthly pricing based on its processed volume and average ticket size, including any applicable Automatic Volume Purchase billing.

If Check Services is selected above, then CrossCheck acceptance shall be added to this application and by signing below, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement and as set forth by CrossCheck. Merchant acknowledges that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck.

By electing to process Credit Card and/or Debit Card transactions and by signing this application, Merchant grants consent and authorization to Merchant Bank or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under and in accordance with the terms and conditions of the this application and the MPA.

By electing to process ACH transactions and by signing this application, Merchant grants consent and authorization to Processor or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under the Automated Clearing House (ACH) Addendum and ACH Terms and Conditions available at [WWW.TRANSFIRST.COM/DOCUMENTS](http://WWW.TRANSFIRST.COM/DOCUMENTS), which are incorporated by this reference. By signing below Merchant acknowledges that it has read and agrees to be bound by the ACH Addendum and the ACH Terms and Conditions (v4.0715TC for TC Plus or v2.0715TXP for TXP ACH depending on processing services selected in Section 9).

Merchant certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

Any unilateral alteration, strikeover or modification to the preprinted text or line entries of the application or MPA shall be of no effect. Merchant acknowledges that the parties may produce and rely upon a copy or electronically stored image of the merchant application and MPA for all legal purposes.

**12. MERCHANT(S) SIGNATURE(S)**

**GUARANTOR(S) SIGNATURE(S)**

1) \_\_\_\_\_  
Merchant Signature (Owner or Officer) Date

\_\_\_\_\_  
Print name Title

2) \_\_\_\_\_  
Merchant Signature (Owner or Officer) Date

\_\_\_\_\_  
Print name Title

1) \_\_\_\_\_  
Guarantor Signature Date

\_\_\_\_\_  
Print name (No Titles)

2) \_\_\_\_\_  
Guarantor Signature Date

\_\_\_\_\_  
Print name (No Titles)

## CARD ORGANIZATION DISCLOSURE PAGE

### Merchant Services Provider Contact Information

Name: TransFirst, LLC  
 Address: 12202 Airport Way, Suite 100 Broomfield, CO 80021  
 URL: [www.TransFirst.com](http://www.TransFirst.com)  
 Customer Service #: (800) 654-9256

### Member Bank/Merchant Bank Information

The Bank's mailing address is Wells Fargo Bank, N.A., 1200 Montego, Walnut Creek, CA, 94598, and the phone number is (925) 746-4167.

### Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Card Processing Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

### Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below thresholds.
- Review and understand the terms of the Merchant Card Processing Agreement.
- Retain a signed copy of this Card Organization Disclosure Page.
- Comply with Visa Regulations. You may download a copy from Visa's website at: [http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- Comply with MasterCard Regulations. You may download a copy from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>
- Ensure compliance with American Express Program Requirements.
- Ensure compliance with Discover Card Acceptance regulations.
- Ensure compliance with PayPal Operating Regulations for In-Store Checkout.

The responsibilities above do not replace the terms of the Merchant Card Processing 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.

### Merchant Information (\* = Required)

\*Business Legal Name (Printed): \_\_\_\_\_  
 \*Business Address: \_\_\_\_\_  
 \*Business Phone: \_\_\_\_\_  
 \*Signature of Owner or Officer: \_\_\_\_\_  
 \*Printed Name of Owner or Officer: \_\_\_\_\_  
 \*Title: \_\_\_\_\_  
 \*Date: \_\_\_\_\_