

**MERCHANT PROCESSING APPLICATION AND AGREEMENT  
PARTIES AND SERVICES**



Merchant #: \_\_\_\_\_ ISO Name: \_\_\_\_\_  
 Agent #: \_\_\_\_\_ Sales Rep Name: \_\_\_\_\_ Loc. \_\_\_\_ of \_\_\_\_\_

**LOCATION INFORMATION**

Store/DBA Name: \_\_\_\_\_ Store #: \_\_\_\_\_

\*MCC Description: \_\_\_\_\_

Product / Services Sold:

\*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 Codes (MCC): 5966, 5967, and 7841<sup>1</sup>, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations<sup>2</sup>.

<sup>1</sup>Registration for MCC 7841 is only required for non-face-to-face adult content

<sup>2</sup>Information herein, including applicable MCCs, is subject to change

**LOCATION/CONTACT INFORMATION**

First/Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cust. Svc. Phone: \_\_\_\_\_

Fax Type: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SALES INFORMATION**

Visa/MasterCard Volume Percent: Swiped \_\_\_\_\_% Keyed \_\_\_\_\_%

Discover® Volume Percent: Swiped \_\_\_\_\_% Keyed \_\_\_\_\_%

American Express Volume Percent: Swiped \_\_\_\_\_% Keyed \_\_\_\_\_%

Bankcard Sales %: Hand Keyed \_\_\_\_\_% Face to Face \_\_\_\_\_% POS \_\_\_\_\_%

Mail/Phone \_\_\_\_\_% Internet \_\_\_\_\_% Tradeshow \_\_\_\_\_%

Total Cash/Credit: \$ \_\_\_\_\_ Average MC/Visa Ticket: \$ \_\_\_\_\_

Total Annual MC/Visa Volume: \$ \_\_\_\_\_ Average Discover® Ticket: \$ \_\_\_\_\_

Total Annual Discover® Volume: \$ \_\_\_\_\_ Average American Express Ticket: \$ \_\_\_\_\_

Total Annual American Express Vol.: \$ \_\_\_\_\_ Highest Ticket: \$ \_\_\_\_\_

**PRIMARY OWNER**

First/Middle/Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ % Ownership: \_\_\_\_\_

**RESIDENCE INFORMATION**

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CORPORATE INFORMATION**

Client's Corp./Legal Name: \_\_\_\_\_  
 (Also for Headquarter's Info. and if different then DBA)

Same as DBA Name

**CORPORATE CONTACT INFORMATION**

Same as Location **or:**

First/Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

- Organization Type:**
- Association
  - Estate/Trust
  - Public Corporation
  - Government
  - Other: \_\_\_\_\_
  - Individual/Sole Proprietor
  - International LLC / Corp. (LLP/LLC)
  - Private Corporation
  - Tax Exempt

State Incorporated: \_\_\_\_\_

Date Business Acquired: \_\_\_\_\_

SS #: \_\_\_\_\_

# of Employees: \_\_\_\_\_

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

Name (as it appears on your income tax return) \_\_\_\_\_

Federal Tax ID#: (as it appears on your income tax return) \_\_\_\_\_

I certify that I am a foreign entity/nonresident alien.  
 (If checked, please attach IRS Form W-8.)

**SECONDARY OWNER**

First/Middle/Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ % Ownership: \_\_\_\_\_

**RESIDENCE INFORMATION**

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BANKING INFORMATION**

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

ABA #: \_\_\_\_\_ DDA #: \_\_\_\_\_

**TOTAL SALES**

Business to Business \_\_\_\_\_% Business to Consumer \_\_\_\_\_%

**BANKCARD SALES**

Business to Business \_\_\_\_\_% Business to Consumer \_\_\_\_\_%

**ORDER DELIVERY**

0-7 days \_\_\_\_\_% 8-14 days \_\_\_\_\_% 15-30 days \_\_\_\_\_% 30+ days \_\_\_\_\_%

MasterCard/Visa/Discover®/American Express Sales deposited:

Date of Order  Date of Delivery  Other

Explanation: \_\_\_\_\_

Who fulfills orders: \_\_\_\_\_

Description: \_\_\_\_\_

**MODE OF ADVERTISING**

Catalog  Phone  TV/Radio  Internet  Brochure/Directory

Newspaper/Magazine  Other: \_\_\_\_\_

**LANDLORD**

Own  Rent Renting Since: \_\_\_\_\_ Lease expires: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**ORDER FULFILLMENT VENDOR**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ENCLOSURES**

Financial Statements  Brochure/Directory  Government Form  
*(required if Gov't Contract)*

Web Page **or**  URL \_\_\_\_\_

Use third party to store, process, transmit Cardholder data?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Software Used: \_\_\_\_\_

**TRADE REFERENCES**

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Product/Services: \_\_\_\_\_

**MAIL CARD 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: \_\_\_\_\_

Head Office/Bill To Name: \_\_\_\_\_ First/Last Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**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

**SITE SURVEY**

Visit Performed?  Yes  No

Zone: \_\_\_\_\_ Location: \_\_\_\_\_

Location Description: \_\_\_\_\_

Seasonal Merchant?  Yes  No Start Month: \_\_\_\_\_ End Month: \_\_\_\_\_

# Floors in Building: \_\_\_\_\_ Floor(s) Occupied: \_\_\_\_\_

Who occupies Other Floor? \_\_\_\_\_

Fire Safety Act

Advertising Name Displayed:  Store Front  Door  Window

Approximate Sq. Footage: \_\_\_\_\_ # of Registers: \_\_\_\_\_

Proper License Displayed

**RETURN POLICY**

Exchange Only  Refund Cardholder  None

**PREVIOUS PROCESSOR**

Previous Processor: \_\_\_\_\_

Previous Merchant #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Other: \_\_\_\_\_

**ENTITLEMENTS**

MC/Visa/Discover Network Full Processing (Discover Network systems and rules will process and govern JCB, Diners Club International, and BC Card Transactions.)

Voyager Fleet\* **or** Existing Voyager Acct #: \_\_\_\_\_ Annual Voyager Vol.: \$ \_\_\_\_\_  MC Fleet  Wright Express **or** Existing WEX Acct #: \_\_\_\_\_

\*Tax exempt Voyager Cards accepted:  Yes  No

WEX Full Acquiring Annual WEX Volume \$ \_\_\_\_\_

American Express  Amex Pass Through (existing) SE # \_\_\_\_\_ IATA/ARC: \_\_\_\_\_ (MCC 4722)

Check one for Pass Through:  Split Dial  EDC

Debit Pkg: \_\_\_\_\_  EBT SNAP / FNS # (XREF): \_\_\_\_\_  Non Lic. JCB (EDC) Existing SE #: \_\_\_\_\_

**DESCRIBE EQUIPMENT DETAILS**

Network:  (206) CARDnet®  (4000) Nashville  (4006) Buypass  Omaha  Other Specify Security Code: ( )

Rental • Purchase Customer-Owned Lease (check one)	QTY	IP	Equipment Type (i.e., Terminal/VAR/Internet)	Retail • Restaurant • MOTO/Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petr	Model Code and Name	Unit Price w/o Tax	For Customer-Owned Equipment Track / Version / Serial #
R P C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	
R P C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	
R P C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		\$	

**NOTE: Any Special Instructions must be included on About Merchant's Business Page.**

DESCRIBE EQUIPMENT DETAILS (cont'd)

Installation/Training: [ ] MAG/MIG to Train (receive training via phone, dial 1-800-558-7101 Opt. #1, M-F 8:00 am - 10:00 pm EST & Sat. 10:00 am - 7:00 pm EST)
[ ] Sales Rep. to Train [ ] No Merchant Training [ ] In-House [ ] PACT (Check Training via phone 1-800-366-1054 7:00 am - 6:30 pm CT)

First/Last Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_ [ ] am [ ] pm

Imprinter
Purchase: [ ] Yes [ ] No If Yes \$ \_\_\_\_\_ x Qty: \_\_\_\_\_ = \$ \_\_\_\_\_ (w/o Tax) Wireless Provider: [ ] GPRS Cingular or [ ] Other: \_\_\_\_\_

Check one: [ ] Gateway Solutions [ ] Dial Solutions [ ] First Data Global Gateway (FDGG) [ ] VSAT\*\*\*\* [ ] Frame [ ] Other: \_\_\_\_\_ [ ] IC Verify Serial # \_\_\_\_\_

VAR/Internet/Software: Name: \_\_\_\_\_ (Nashville Only: Product ID # \_\_\_\_\_ Vendor ID # \_\_\_\_\_)

NOTE: \*\*\*\*Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

FDGL LEASING

LEASE COMPANY: (04) First Data Global Leasing Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: \$ \_\_\_\_\_ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details.
This is a non-cancelable lease for the full term indicated.

SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application and Agreement (MPA) is true. Client acknowledges having received the copy of the MPA, the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreement(s) and a Confirmation Page (version FDSISOOB1805(ia)) and agrees to be bound by all provisions as printed therein as modified from time to time.

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this MPA and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law.

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, our Affiliates and our third party subcontractors and/or agents.

You further acknowledge and agree that you will not use your 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 transactions in certain 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 provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDS Holdings, Inc. and Bank.

Client's Business Principal/Officer:

Signature X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

Signature X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

Personal Guarantee: In exchange for FDS Holdings, Inc., and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the applicable Third Party Agreement(s), the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements.

Personal Guarantee

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Personal Guarantee

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Accepted By FDS Holdings, Inc.

Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), 1200 Montego Way, Walnut Creek, CA 94598

Signature X \_\_\_\_\_ Signature X \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_