



Ford Service and Quick Lane Credit Card Dealer Application



This is an application to accept credit cards issued by Citibank, N.A. Refer to Dealer Application Checklist for instructions about completing and submitting this application. All fields must be completed in order for the application to be processed.

OFFICE USE ONLY
Ford Service Merchant ID #
Quick Lane Merchant ID #
NAPS ID #

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Dealer Information Application Date ____ / ____ / ____

Card Program Applying For <input type="checkbox"/> Ford Service <input type="checkbox"/> Quick Lane		Primary P&A Code(s) #		
Corporate Name				
Trade Name (DBA), if applicable (this is the name that will print on the card, 19 characters maximum)				
Address (physical)		Suite	City	State Zip
Phone Number	Fax Number	Federal Tax ID		
Check appropriate box and indicate Federal Tax Classification: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company. Enter the Tax Classification (C=C Corporation, S=S Corporation, P=Partnership) ____				
Date Business Established	Total Annual Sales	Estimate of Annual Sales on the Ford Service and Quick Lane Credit Card* \$ _____ *This number should encompass what is expected to be processed on the Ford Service and Quick Lane Credit Card, not the total volume that is eligible to be processed on the Ford Service and Quick Lane Credit Card.		
Email Address (This email address may be used to communicate program information regarding the Ford Service and Quick Lane Private Label Program.)				
Training Information				
Contact Name			Contact Phone Number	
Is this location open and can start-up materials be sent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, expected open date:				
Equipment Options <input type="checkbox"/> Card Reader <i>In order to provide you with the appropriate equipment you will be contacted for more information.</i>				

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Additional Store Location(s) (If applicable)

Are there more than two additional stores? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, photocopy Section 2 and list additional stores and include with this application.</i>				
Store #2 Trade Name (DBA), if applicable (this is the name that will print on the card, 19 characters maximum)				
Primary P&A Code(s) #		Email Address		
Address (physical)		Suite	City	State Zip
Phone Number	Fax Number	Store Location Name (example: Fair Oaks #2)		
Training Information				
Contact Name			Contact Phone Number	
Store #3 Trade Name (DBA), if applicable (this is the name that will print on the card, 19 characters maximum)				
Primary P&A Code(s) #		Email Address		
Address (physical)		Suite	City	State Zip
Phone Number	Fax Number	Store Location Name (example: Maple Grove #3)		
Training Information				
Contact Name			Contact Phone Number	

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Settlement Bank Info, Reporting Options and Supplier References

Settlement Bank		Routing Number/ABA	Account Number/DDA
Settlement Bank Fax		How To Find Routing And Account Numbers On Your Checks	
Delivery Method By Fax	Fax Number	Attn	
List Supplier References Below			
Supplier Name		Phone Number	Fax Number
Supplier Name		Phone Number	Fax Number

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Voided Check

A VOIDED CHECK OR BANK CERTIFICATION LETTER IS REQUIRED



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Citi/VeriFone PAYware Activation Request

Primary Website User (Administrator)		Position	
First Name		Last Name	
Email Address		Preferred Username (8 characters maximum)	
Secondary Website User		Position	
First Name		Last Name	
Email Address			

NOTE: In the event the Administrator/Owner leaves the company Citi will refer to the secondary contact to update Website Information and Password Resets.

Officers, General Partners, Members, Owners, or other Principals of the Dealer

Full Name		Title		Social Security Number or Financials*	
*Do you authorize Ford corporate to provide financials on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth (mm/dd/yyyy)		Home Address		City	State
Zip					
If Home Address is less than 2 years, please provide previous address:					
Previous Address		City		State	Zip
Have you or any entity you have been affiliated with ever done business with Citibank, N.A. or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you or any entity you have been affiliated with ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If the answer to either of the two questions above is Yes, please explain. Use a separate sheet, if necessary.					

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Full Name		Title		Social Security Number or Financials*	
*Do you authorize Ford corporate to provide financials on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth (mm/dd/yyyy)		Home Address		City	State
Zip					
If Home Address is less than 2 years, please provide previous address:					
Previous Address		City		State	Zip
Have you or any entity you have been affiliated with ever done business with Citibank, N.A. or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you or any entity you have been affiliated with ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If the answer to either of the two questions above is Yes, please explain. Use a separate sheet, if necessary.					

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Signatures; Authorizations; Dealer's Tax Certification

Dealer applies to accept private label credit cards issued by Citibank, N.A. (together with its successors and assigns, "Bank"), as contemplated by the Merchant Services Agreement previously received by Dealer (as amended from time to time, the "Agreement"). Each person signing below (an "Authorized Signer") affirm(s) that all information contained in this application is true, accurate and complete and that he/she has authority to submit this application on behalf of Dealer. Bank and its agents and representatives are authorized to obtain, verify and exchange information about Dealer and each Authorized Signer in connection with this application and Dealer's participation in the Ford Service and/or Quick Lane Credit Card Program ("Program"), including without limitation commercial and consumer credit reports, and any person or entity is authorized to furnish Bank any information that such person or entity may have or obtain about Dealer and each Authorized Signer. Bank and Ford Motor Company are authorized to exchange information about Dealer and each Authorized Signer in connection with this application and Dealer's participation in the Program. All of the authorizations contained herein shall remain in effect until Bank rejects this application or, if Bank accepts this application and enters into an Agreement with Dealer, the Agreement is terminated and all obligations of Dealer under the Agreement are satisfied. Dealer authorizes Bank, its agents and representatives, to initiate credits and debits, as applicable, for Ford Service and/or Quick Lane Credit Card transactions and the payment of other fees and amounts owed, in accordance with the Agreement, to the bank account listed above through the Automated Clearinghouse Network.

Dealer's Tax Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividend income or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US citizen or other US person (as defined in the Form W-9 instructions).

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Signature (First Authorized Signature)		Date	Home Phone Number	
Signature (Second Authorized Signature)		Date	Home Phone Number	