Merchant Application

Phone/Fax: 877.711.9089
merchants@card-smith.com

Business/Store Information

Business/Store Name: _____

Store ID #: _____ **Store Manager:** _____

Physical Street Address 1: _____

Physical Street Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone #: _____ **Fax #:** _____

Business Hours: _____ **Business E-Mail:** _____

Business/Store Web Site: _____

Average Sales/Ticket Amount: _____ **Alcohol Sales**: **Yes**_____ **No**_____

Corporate/Owner Information

Corporate Name: _____ **Owner Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone #: _____ **Fax #:** _____

Email Address: _____

Payment Processing Account Information

Required for Payment Processing

Account Name: _____

Checking Account Address (Address on Check): _____

City: _____ **State:** _____ **Zip Code:** _____

Bank Name: _____

Routing Number: _____ **Account Number:** _____

← ***Please Staple Your Voided Check Here***

Note: In lieu of a voided check please request your bank fax a letter to CardSmith at (877) 711-9089.

Sample letter:
Per the request of <Insert School Contact Name>, <Insert Bank Name> confirms the account number which will be used for the student debit card program is <Insert Account Number>. <Insert Bank Name's> routing number is <Insert Routing Number>.

Please Read & Initial: Merchant agrees to keep sufficient funds in the Designated Account to enable monthly automated fee collection (if applicable). Merchant authorizes CardSmith in accordance with the Agreement to initiate both debit and credit transfers to its Designated Account. Merchant is responsible for any bank charges resulting from ACH transactions rejected or returned for any reason and agrees to pay CardSmith a fee of $25 per incident. (Please Initial Here) _____

** Initials required for application approval*

Incorporation & Tax Information

State of Incorporation: _____ **Federal Tax ID#:** _____

Daily Operations Information

Daily Ops Contact Name: _____

Preferred Method of Contact: ____ **Phone** ____ **Fax** ____ **Email (Please Specify Below if Different from Above)**

_____

Statement & Financial Contact Information

Send Statements to: ____ **Store Address (pg. 1)** ____ **Corporate Address (pg.1)**

Please select the financial contact: ____ **Daily Ops (pg. 1)** ____ **Store Manager (pg. 1)** ____ **Owner (pg. 1)**

____ **Other (Please Specify and Complete Info Below)** _____

Business Phone #: _____ **Fax #:** _____

Email Address: _____

Name and Title of Person Signing Application

Full Name (Last, First, MI)**:** _____ **Email Address:** _____

Title: _____ **Date:** _____

Business Profile

Section 1: What category best fits your business?

___Art Supply/ Music/ Specialty Store	___Beauty/ Hair Care/ Tanning	___Bookstore/ School Supply	___ Copy/ Mail/ Print Services	___ Doctor/ Dentist
___ Fast Food	___ Gas Station	___ Grocery/ Convenience Store	___Gym/ Fitness/ Health Center	___Hardware/ Repair Shops
___Laundry	___ Movie/ Theater	___ Other Retail	___Pharmacy/ Card & Gift Store	___Restaurant

Section 2: If you are a restaurant, please select appropriate type(s) from the following:

___Bakery/Bagels	___Coffee	___Deli	___ Delivery	___ Dine In
___ Ice Cream	___ Pizza	___ Quick Serve	___Take Out	___Other

Section 3: Terminal Settings:

Phone Jack for Use with Terminal: Yes; In Place _____ No; To Be Installed _____ Date Available for Installation: _____

Dial Prefix: Yes____ No____ If Yes, what is it?____

Phone Line: ___Dedicated Telephone Line ___Shared with Fax/Other Terminal ___Shared with Phone Line

Tip Acceptance: Y___ N___ If Yes: Suppress tip prompt at sale? Y___ N___ Per-cashier reporting? Y___ N___

Section 4: Terminal Lease or Purchase: ___Lease ___Purchase ___Already Own

Logo/Graphic Submissions

If you would like your logo included on the Card Program Website, please submit the following:

- Logo in vector eps or native illustrator or freehand files (MAC or PC), OR
- Art in tif, jpg, eps, pdf, or psd files with resolution of at least 300 dpi at 2

Submitting Your Application

Upon completion, please fax or mail this application to:
Fax #: 877.711.9089
CardSmith
ATTN: Merchant Care
200 S. Clinton Street, 2nd Floor
Doylestown, PA 18901

Internal Use Only		
Program ID:	Agreement Mailed:	Terminal Type:
Date Received:	Agreement Received:	
Date Approved:	Retail or Tip Application:	