



Jewelers ReserveSM Credit Card Member Application



This is an application to accept credit cards issued by Citibank, N.A. Refer to Member 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
Private Label Merchant #
NAPS ID #

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Member Information Application Date ____ / ____ / ____

Corporate Name				
Trade Name (DBA), if applicable (this is the name that will print on the card, 25 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 (for prior 12 months)	Estimate of Annual Sales on the Jewelers Reserve Card (for next 12 months)		
Email Address (This email address may be used to communicate program information regarding the Private Label Program.)				
Training Information				
Contact Name			Contact Phone Number	
Transaction Processing Options				
<input type="checkbox"/> Citi/VeriFone PAYware (complete section #6) <input type="checkbox"/> Proprietary/Other Comments: _____				

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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, 25 characters maximum)				
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, 25 characters maximum)				
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	
Fax Number for Reporting	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.

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

Full Name		Title		Social Security Number	
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.					

Full Name		Title		Social Security Number	
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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Member's agreement to Merchant Services Agreement; Authorizations; Member's Tax Certification

Each person who signs below (an "Authorized Signer") applies for and on behalf of Member 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 Member having the same form number as this application (as amended from time to time, the "Agreement"). Each Authorized Signer agrees with Bank for and on behalf of Member that: (i) **Member agrees to the terms and conditions of the Agreement which contains limitation of liability, jury waiver and arbitration provisions** and (ii) the Agreement shall be effective and binding on Member if accepted by Bank.

Each Authorized Signer represents to Bank 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 Member. Member and each Authorized Signer hereby authorize Bank to obtain, verify and exchange with any person or entity information about Member and each Authorized Signer, including, without limitation, commercial and consumer credit reports. Member and each Authorized Signer hereby authorize any person or entity to furnish Bank any information that such person or entity may have or obtain about Member and each Authorized Signer. All of the above authorizations shall remain in effect until Bank rejects this application or, if Bank accepts the Agreement, until the Agreement is terminated and Member's obligations under the Agreement are satisfied.

Member'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).

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature	Date	Home Phone Number
Signature	Date	Home Phone Number