

COMPLETE SECTIONS (1-10)

Merchant #: _____ Loc. _____ of _____

GenISO1405(ia) **(1) TELL US ABOUT YOUR BUSINESS** GenISO1405(ia)

Client's Business Name: **(Doing Business As)** _____ Client's Corporate/**Legal Name:** *(Use Also For Headquarter's Information)* _____

Business Address: _____ **Billing Address:** *(If Different Than Location Address)* _____

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

Location Phone #: _____ **Location Fax #:** _____ **Contact Name:** _____

Business E-mail Address: _____ **Contact Phone #:** _____ **Contact Fax #:** _____

Business Website Address: _____ **Contact E-mail Address:** _____

Your Customer Service E-mail Address: _____

Send Retrieval Requests / Fax Type to: Business Address Fax # **SIC/MCC:** _____

(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS ONEPOINT®

Your **Total Monthly** Cash & Credit Sales: *(For All Outlets)* \$ _____,000 **Estimated MC/Visa Average Ticket/Sales Amount:** \$ _____
 Your **Total Monthly** Cash & Credit Sales: *(For Multiple Outlets)* \$ _____,000 **Estimated Discover Average Ticket for this Outlet:** \$ _____
Total Annual MC/Visa Volume: *(For All Outlets)* \$ _____,000 **Estimated American Express OnePoint Average Ticket for this Outlet:** \$ _____
Total Annual Discover® Network Volume: *(For All Outlets)* \$ _____,000 **Annual MC/Visa Volume for this Outlet: *(For Multiple Outlets Only)*** \$ _____,000
Total Annual American Express OnePoint Vol: *(For All Outlets)* \$ _____,000 **Estimated Discover Annual Sales Volume for this Outlet: *(For Multiple Outlets Only)*** \$ _____,000
Highest Ticket Amount: \$ _____ **Est. Amer. Express OnePoint Annual Sales Vol. for this Outlet: *(For Mult. Outlets Only)*** \$ _____,000

(3) ENTITLEMENTS

MC/Visa Discover Full Processing *(Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)* Signed Annual Check Sales Vol.: \$ _____,000 Average Check Ticket: \$ _____
 ECA Warranty Paper Warranty Mail Order Hold Check C.O.D. Other: _____ License # **or** MICR: _____
 Voyager Fleet* Annual Voyager Volume: \$ _____ *Participation in Voyager Tax Exempt Program: Yes No *(If yes, additional request form required)*
 WEX Full Acquiring Annual WEX Volume: \$ _____ WEX (Non-Full Svc) MC Fleet
 Non-Lic. JCB (EDC) _____ *(Existing Account #)*
 American Express OnePoint/Full Service (EDC) American Express ESA / Pass Through: _____ **or** Existing SE # _____
 American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____
 Debit Package **8 4 0 7 2 0 5 7** EBT FNS # (XREF): _____ SNAP #: _____

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ **Month/Yr. Started:** _____ Sole Ownership Partnership Non Profit/Tax Exempt Public Corp. Private Corp. L.L.C. Gov't.
Check one: **TIN Type:** EIN (Fed Tax ID #) SSN **D&B #:** _____

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV Section A.3 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.)*

Mag Swipe _____ % + **Keyed Manually** _____ % = **100%** **Product/Services You Sell:** _____

POS Card Present (MAG Swipe and/or Manual Imprint) _____ % + **Mail Order/Direct Marketing** _____ % + **Phone Order** _____ % + **Internet** _____ % = **100%**

Do you use any third party to store, process or transmit cardholder data? Yes No *(Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)*

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: (206) CARDnet® Nashville Buypass Other _____ **Specify Security Code:** (_____)

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

Wireless Provider: GPRS Cingular **or** Other: _____

Check one: Gateway Solutions First Data Global Gateway (FDGG) Dial Solutions VSAT*** Frame Other: _____ First Data® Payment Software Serial # _____

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

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

LEASE COMPANY: (04) First Data Global Leasing **Lease Term:** _____ **Months** **Annual Tax Handling Fee: \$10.20**
Monthly Lease Charge for This Location: \$ _____ **w/o taxes, late fees, or other charges that may apply.**
See Lease Agreement for details. This is a NON-CANCELABLE lease for the full term indicated.

Client Initials _____

DBA Name: _____ Merchant #: _____ Loc. _____ of _____

(6) PROVIDE YOUR OWNER INFORMATION GenISO1405(ia)

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	% of Ownership:
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Home Address:	City:	State:	Zip:	Country:	Owner's E-Mail Address (Required for Click to Agree)
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Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	% of Ownership:
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Home Address:	City:	State:	Zip:	Country:	Owner's E-Mail Address (Required for Click to Agree)
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(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge)	
Non-Taxable Fees:	
Application Fee (Non-Refundable)	(247) \$ _____
Reprogramming Fee	(31A) \$ _____
Debit Set-up Fee	(31B) \$ _____
Misc. Fee	(31J) \$ _____
Other: _____ () \$ _____	
Total Amount	\$ _____ w/o tax

Billed Monthly Fees (If Applicable)	
Monthly Service Fee	(335) \$ _____
ACH Reject Fee	(401) \$ _____
Minimum Processing Fee	(954) \$ _____
Wireless Access Fee	(399) \$ _____
FEE PER TID # OF TIDS TOTAL	
\$ _____ x _____ = \$ _____	
Monthly ClientLine® Fee	(32R) \$ _____
eIDS Monthly Fee	(29E) \$ _____
Wireless Comm Monthly Fee	(472) \$ _____
Monthly Statement Fee	(323) \$ _____
TransArmor Monthly Fee	(30L) \$ _____
TransArmor Minimum Monthly Fee	(959) \$ _____
Other: _____ \$ _____	

Billed Annual Fees	
Compliance Service Fee (November)	(331) \$ _____
Annual Membership Fee*	(294) \$ _____
*Billed on anniversary of account keyed date.	

Authorization and AVS Fees	
MC Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X, 03Y)	\$ _____
Visa Auth Fee (040, 041, 042, 043, 044, 04V, 04W, 04X, 04Y)	\$ _____
Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X, 07Y) 080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y)	\$ _____
Amex Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X, 06Y)	\$ _____
MC/Visa/Discover/Amex Voice AVS (039, 049, 069, 079)	\$ _____
MC/Visa/Discover/Amex Voice Auth Fee (035, 045, 075, 065)	\$ _____
AVS Fee (405, 406, 407, 408, 435) (07A, 07B, 07C)	\$ _____

Internet	
Start-Up Fees	
FDGG Set-up Fee	(31X) \$ _____
FEE PER TID \$ _____ x # OF TIDS _____ = TOTAL \$ _____	
Internet Set-up Fee	(30R) \$ _____
FEE PER TID \$ _____ x # OF TIDS _____ = TOTAL \$ _____	
Billed Monthly Fees	
FDGG	(31Z) \$ _____
FEE PER TID \$ _____ x # OF TIDS _____ = TOTAL \$ _____	
Internet Service Fee	(394) \$ _____
FEE PER TID \$ _____ x # OF TIDS _____ = TOTAL \$ _____	
Internet Authorization & Access Fees	
MC Internet Auth Fee	(03R) \$ _____
Visa Internet Auth Fee	(04R) \$ _____
Amex Internet Auth Fee	(06I) \$ _____
Discover/JCB Internet Auth Fee	(07I, 08D) \$ _____
Internet Access Fee	(30N) \$ _____

WEX Full Acquiring Fees	
WEX Auth Fee	(0D4) \$ _____
WEX Sales Discount	(840) _____%
WEX Refund Discount	(841) _____%
WEX ChargebackDiscount	(842) _____%
WEX Chargeback Reversal Discount	(843) _____%
WEX Chargeback Fee	(29H) \$ _____
WEX Retrieval Fee	(29I) \$ _____

Other Fees	
Early Termination Fee	\$ _____
Chargeback Fee (205, 725, 20L)	\$ _____
Retrieval Fee (26A, 262, 20M)	\$ _____
Batch Settlement Fee	(227) \$ _____
EBT Cash (18E, 18I, 02X, 18H)	\$ _____
EBT Food Stamps (181, 02Y)	\$ _____
EBT Purchase/Return Fee	(029) \$ _____
Network Access Fee - Debit	(420) \$ _____
American Express Other Item Rate	(164) _____%
American Express Authorization Fee	(10P) \$ _____ (per item)
American Express Credit Trans Fee	(014) \$ _____
American Express Sales Trans Fee	(013) \$ _____
MC Acquirer CNP AVS Fee	(10Z) \$ _____
MC Cross Border Fee USD	(605) _____%
MC Acquiring AVS Billing	(0FB) \$ _____
MC NABU Fee	(60M) \$ _____
Visa Int'l Service Fee	(22A) _____%
Visa Int'l Acquirer Fee	(22F) _____%
Visa Zero Amt. + AVS Fee	(10X) \$ _____

TeleCheck	
TeleCheck Rates & Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inquiry Rate	_____%
December Risk Surcharge	.10%
Per TXN Fee	\$ _____
Monthly Minimum Fee (Per Location)	\$ 25.00
Statement Processing Fee	\$ 5.00
ACH Processing Fee	\$ 5.00
Client Requested Operator Call (CROC)	\$ 2.50
ECA Chargeback Fee	\$ 5.00
<i>(Only charged when entitled with TeleCheck)</i>	
<i>(See Agreement for definitions, warranty requirements, and any additional fees.)</i>	

Buypass Fees	
Dataware Micronode <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dataware Micronode 960-AS Monthly Fee	(354) \$ _____ (each)
Authorization Fees	
Voyager (0D0, 0D1, 0DV)	\$ _____
WEX (0B0, 0B1, 0BV)	\$ _____
Other Payment Fees	
Voyager Sales Discount Fee	(766) _____%

Client Initials

DBA Name: _____ Pricing Type: _____ Loc. _____ of _____
 GenISO1405(ia) **(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)** GenISO1405(ia)

Discount Fees (Based On Gross Sales Volume)

Accept all MasterCard, Visa and Discover Transactions (presumed, unless any selections below are checked)

MasterCard Acceptance

- Accept MC Credit transactions only
- Accept MC Non-PIN Debit transactions only

Visa Acceptance

- Accept Visa Credit transactions only
- Accept Visa Non-PIN Debit transactions only

Discover Acceptance

- Accept Discover Credit transactions only
- Accept Discover Non-PIN Debit transactions only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See Section 18.1 of the Program Guide).

Tiered Pricing: (Select One)

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Qual Non-PIN Debit	(854) _____ %	(134, 135) \$ _____
MC Mid-Qualified Credit	(810) _____ %	(611, 612) \$ _____	Visa Mid-Qualified Non-PIN Debit	(874) _____ %	(144, 145) \$ _____
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Visa Non-Qualified Non-PIN Debit	(864) _____ %	(154, 155) \$ _____
MC Qualified Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____
MC Mid-Qualified Non-PIN Debit	(870) _____ %	(140, 141) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____
MC Non-Qualified Non-PIN Debit	(880) _____ %	(150, 151) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Qualified Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
Visa Mid-Qualified Credit	(814) _____ %	(615, 616) \$ _____	Discover Mid-Qualified Non-PIN Debit	(968) _____ %	(791, 792) \$ _____
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	Discover Non-Qualified Non-PIN Debit	(978) _____ %	(795, 796) \$ _____

Flat Rate

	Discount	Transaction Fee		Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit (800)	_____ %	(001, 002) \$ _____	Visa Qual Credit (804)	_____ %	(005, 006) \$ _____	Disc. Network Qual Credit (170)	_____ %	(015, 016) \$ _____
MC Qual Non-PIN Debit (850)	_____ %	(130, 131) \$ _____	Visa Qual Non-PIN Debit (854)	_____ %	(134, 135) \$ _____	Discover Network Qual Non-PIN Debit (964)	_____ %	(787, 788) \$ _____

Dues & Assessments (273, 274, 234)

Billback

Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 18.1)
 Applies to Non-qualified MC, Visa, Discover Credit and American Express and/or Non-PIN Debit Transactions. (30D, 20B) _____ %

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard (560), Visa (550), or Discover (529) plus a MasterCard Assessment Fee (273) of .11%, a Visa Assessment Fee (274) of .11%, or a Discover Assessment Fee (234) of .10%, plus any other fees indicated on this Service Fee Schedule.

Sales Credit & Non-PIN Debit Transaction Fee \$ (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Credit (800)	Discount (Based on Gross Sales Vol.)	Visa Qual Credit (804)	Discount (Based on Gross Sales Vol.)	Discover Qual Credit (170)	Discount (Based on Gross Sales Vol.)
	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
	MC Qual Non-PIN Debit (850)	_____ %	Visa Qual Non-PIN Debit (854)	_____ %	Discover Qual Non-PIN Debit (964)	_____ %
	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

PIN Debit (Must complete only one of the following fees if PIN Debit is selected)

Bundled PIN Debit (191, Key 0-593) \$ _____ **OR** **Unbundled PIN Debit** (018, Key 0-590, Key 0-593) \$ _____ (plus the applicable network fees) **PIN Debit Declined Transaction Fee: (42R)** \$ _____

American Express OnePoint (570)

Rate	Per Item	Rate	Per Item
<input type="checkbox"/> Retail** _____ %	\$ _____	<input type="checkbox"/> Services, Wholesale and All Other _____ %	\$ _____
<input type="checkbox"/> Restaurant** _____ %	\$ _____	<input type="checkbox"/> Education _____ %	
<input type="checkbox"/> Fast Food Restaurant _____ %		<input type="checkbox"/> Healthcare – Office Based Doctors/Dentists _____ %	
<input type="checkbox"/> Mail Order & Internet _____ %		<input type="checkbox"/> Telecommunications _____ %	
<input type="checkbox"/> Supermarkets _____ %		<input type="checkbox"/> Independent Gas Station _____ %	
<input type="checkbox"/> Other Transportation _____ %		<input type="checkbox"/> B2B _____ %	
<input type="checkbox"/> Lodging _____ %			

**0.30% downgrade will be charged for transactions whenever a CNP (Card Not Present) charge occurs. CNP means a charge for which the card is not presented at the point of purchase (e.g. charges by mail, telephone or Internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.

See Part IV A.3 of the Program Guide for early termination fees.

Client Initials _____

DBA Name: _____ Merchant #: _____ Loc. _____ of _____

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in the Provide More Business Data Section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. This signature page also serves as the signature page to the Equipment Lease Agreement and the American Express® Card Acceptance Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the American Express Card Acceptance Agreement.

By signing below, each of the undersigned authorizes us and our Affiliates to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us and our Affiliates to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. 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 and our Affiliates. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

I further acknowledge and agree that I will not use my 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.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize First Data Merchant Services Corporation and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct First Data Merchant Services Corporations and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be sent the Agreement and materials welcoming it, either to AXP's program for First Data Merchant Services Corporations to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the First Data Merchant Services Corporation servicing program, which the entity may be enrolled in, AXP's standard Card acceptance program and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____
Print Name _____ Date: _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(PROCESSOR): For First Data Merchant Services Corporation and Wells Fargo Bank, N.A.
X Signature _____

X Signature _____
Print Name _____ Date: _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(9) TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account by electronic fund transfer the amount due TeleCheck and/or TRS under this Agreement and to accept all credits and debits made to its account by electronic fund transfer as a result of TeleCheck's and/or TRS' services. This authorization shall remain in effect until thirty days after revoked in writing.

X Signature _____ Print Name/Title: _____ Date: _____
Authorized Signature on TeleCheck Account for ACH

GenISOWF1405(ia)

(10) PERSONAL GUARANTY

GenISO1405(ia)

In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A. and American Express' acceptance of, as applicable, the Agreement and/or the Equipment Lease Agreement and/or American Express Card Acceptance Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the foregoing Agreements, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under any of the foregoing Agreements. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A., First Data Merchant Services Corporation and American Express are relying upon this Guaranty in entering into, as applicable, the Agreement, the Equipment Lease Agreement and American Express Card Acceptance Agreement.

Signature (Please sign below):

Signature (Please sign below):

X _____, an individual X _____, an individual

Bank Code: _____ Merchant ID: _____ Buypass Merchant #: _____

DBA NAME [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] (24 characters)

GenISO1405(ia) BANKING INFORMATION (REQUIRED) GenISO1405(ia)

First/Last Contact Name at Bank: _____ Phone Number: _____

ABA #: _____ DDA #: _____

CHECKLIST INFORMATION

Sales Support ID: _____ Sales Rep. ID #: _____ Print Sales Rep. Name: _____

HIERARCHY: Bank: _____ Agent: _____

Corp.: _____ Chain: _____ Buypass FIID: _____

CLIENT VISITATION

- Visit Not Required (Lic. Professional)
1. Zone: Business District, Industrial, Residential
2. Location: Mall, Shopping Area, Isolated, Office, Apartment, Home, Other
3. Seasonal: No, Yes, Mos. in Operation
4. External Facility Description (# of Levels/Floors)
5. Merchant Occupies: Ground Floor, Other
6. Remaining Floor(s) Occupied by: Residential, Commercial, Combination
7. Advertising Name Displayed: Window, Door, Store Front
8. Time Zone (required)
9. Approx. Square Footage
10. # of Employees
11. # of Registers
12. Return Policy: Full Refund, Exchange Only, None
13. Do you have a refund policy for your MC/Visa / Discover® Network/American Express sales?
14. Proper License Visible (Liquor, Tax ID, etc.)
15. Your Previous Processor
16. Your Previous Merchant #
17. Check Reason for Changing: Rate, Service, Terminated, Other
18. D & B #
19. Do You Have Previous Processor MC/Visa / Discover/American Express Statements?
20. Are customers required to leave a deposit?
If Yes, % of deposit required: _____%
Time Frame for Delivery: _____ Days

Comments to Credit Officer (40 Characters): _____

MAIL 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: _____

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

PROCESSING INFORMATION

- 1. Processing mode: EDC, ECR
2. Funding will be processed DAILY via: ACH, Bankwire
3. Bank will fund: Outlet, Head Office
4. # of Plates: Long, Short (will be shipped by ISO)
5. Fire Safety Act: Yes, No
6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one): Outlet, Head Office, Other, No Welcome Packet and Supplies, No Welcome Packet

Name: _____ First/Last Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____

DBA Name: _____

Merchant ID: _____

GenISO1405(ia) **PROCESSING INFORMATION (cont'd)** GenISO1405(ia)

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	Terminal Features: (Cont'd)	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	Key Disable	Password Protect
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	Credits	<input type="checkbox"/>
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> Amex Prepaid Program Preference <i>(Choose One):</i>	Voids	<input type="checkbox"/>
Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<input type="checkbox"/> Partial Auth	Forces	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Balance Back	Reviews	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Other _____	Bal/Settle	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	PINPad:	Auth Only	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ <i>(List Current Provider)</i>	<input type="checkbox"/> Retail With Tip	<input type="checkbox"/> DES Encryption	Reports	<input type="checkbox"/>
E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> DUKPT	Tip Adjustment	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> Access Code # _____		
	<input type="checkbox"/> Verify Amount Prompt			

Comments: _____

(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

- What % of total sales represent business to business *(vs business to consumer)*:
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
- What % of bankcard sales represent business to business *(vs business to consumer)*:
Business to Business _____% + Business to Consumer _____% = **100%** (bankcard sales)
- What is the time frame from transaction to delivery? *(% of orders delivered in)*:
0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = **100%**
- MC/Visa/Discover/American Express sales are deposited *(check one)*: Date of order Date of delivery Other *(specify)*: _____
- Who performs product / service fulfillment? Direct Vendor Other If vendor, add:
Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Please describe how the transaction works, from order taking to merchant fulfillment *(attach additional sheet if necessary)*:

6. Does any of your cardholder billing involve automatic renewals or recurring transactions *(i.e., cardholder authorizes initial sale only)*? Yes No