



REF ID:

**PAYMENT JACK STANDALONE COVERSHEET**

ACCOUNT INFORMATION (*Required)	
Primary Sales Partner Name and Number:	
Sub Sales Partner Name and Number:	
Merchant DBA Name:	

**MOBILE DEVICE INFORMATION**

Primary Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Primary Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other: _____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:

**EQUIPMENT ORDERING**

Shipping Address (If different from business address):	City:	State:	Zip:
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**ADDITIONAL INFORMATION**

MID of Existing Account to be Cancelled:
Comments/ Notes:



# MERCHANT CREDIT CARD PROCESSING AGREEMENT - PAGE 2 OF 5

## MERCHANT PROFILE

Type of Ownership:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Tax Exempt Org. <input type="checkbox"/> Medical Corp. <input type="checkbox"/> Assoc./Estate/Trust <input type="checkbox"/> International Org. <input type="checkbox"/> Other: _____	If corporation, the state of incorporation?
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Type of Business:	<input type="checkbox"/> Retail Storefront <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel / Lodging <input type="checkbox"/> Mail / Telephone Order <input type="checkbox"/> Internet <input type="checkbox"/> Service <input type="checkbox"/> Wireless Terminal <input type="checkbox"/> Trade Show <input type="checkbox"/> Kiosk <input type="checkbox"/> Supermarket <input type="checkbox"/> Other: _____
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For card not present merchants (MOTO, Internet), please provide marketing materials, or your web site address, that clearly shows products/services with pricing and contact information.

Type of Goods and/or Services Sold:
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What is your refund policy?	Avg. Transaction \$ _____ (estimated)	Card Present Signed: _____%
Is there a restocking fee?	High Transaction \$ _____ (estimated)	Card Present Imprint: _____%
How will the product be advertised or promoted?	Monthly Volume \$ _____ (estimated)	Card Not Present Keyed: _____%
If advertised on the internet, please provide the web page address (URL):	Total: <u>100</u> %	

Yes  No Home based business?

Yes  No Currently processing Visa/MasterCard/Discover? If yes, with whom? \_\_\_\_\_  
MID# \_\_\_\_\_

Yes  No Has merchant ever been terminated? If yes, by whom? \_\_\_\_\_

Yes  No Have you or the business ever declared bankruptcy? If yes, Discharge Date: \_\_\_/\_\_\_/\_\_\_  
State \_\_\_\_\_ Chapter# \_\_\_\_\_

## SITE INSPECTION INFORMATION (To be completed by Sales Representative)

Location Type:	<input type="checkbox"/> Retail Store Front <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel / Lodging <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____
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Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases premises	Landlord Name: _____	Landlord Phone: _____
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Does business appear to be legitimate? <input type="checkbox"/> Yes <input type="checkbox"/> No Is business open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No Is photo included with application? <input type="checkbox"/> Yes <input type="checkbox"/> No Are MasterCard and Visa decals visible? <input type="checkbox"/> Yes <input type="checkbox"/> No Is inventory sufficient for business type? <input type="checkbox"/> Yes <input type="checkbox"/> No Any mail/telephone order sales activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Are goods and services delivered at time of sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Merchant use a fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fulfillment house inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	By the signature below, signatory verifies that (i) she/he has physically inspected the Business Premises; and (ii) the information stated in this Agreement is correct to the best of her/his knowledge and as represented by her/his MERCHANT.  _____ Signature of Sales Representative                      Print Name                      Date
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## CARDS TO BE ACCEPTED

American Express	<input type="checkbox"/> New Setup <input type="checkbox"/> Existing   Account# _____ (10 digits)
By signing this application, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. 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 Terms and Conditions.	

\_\_\_\_\_  
 Merchant Initials Initial Here

# MERCHANT CREDIT CARD PROCESSING AGREEMENT - PAGE 3 OF 5

## CARDHOLDER DATA STORAGE COMPLIANCE & SERVICE PROVIDER

PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, [www.compliancefacts.com](http://www.compliancefacts.com).

1. Have you ever experienced an account data compromise?  Yes  No If yes, when \_\_\_/\_\_\_/\_\_\_
2. Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance?  Yes  No  
(validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ) , or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.)  
If yes, please complete the following, if no, you can move to question 3:
  - a. Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? \_\_\_/\_\_\_/\_\_\_
  - b. What is the name of your Qualified Security Assessor "QSA" \_\_\_\_\_  
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
  - c. Date of last scan \_\_\_/\_\_\_/\_\_\_ Approved Scanning Vendor's Name: \_\_\_\_\_
3. Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system?  Yes  No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)
4. After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically?  Yes  No
  - a. If yes, where is it stored?  Merchant Location Only  Primary Service Provider  Both  Other Service Provider  All Apply
  - b. What Service Provider / Software Developer did you purchase your POS application / device from? \_\_\_\_\_
  - c. What is the name of the software /system? \_\_\_\_\_ What is the version number? \_\_\_\_\_
5. Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office)  Yes  No  
If yes, what is the name of the other Service Provider? \_\_\_\_\_

### REQUIRED SIGNATURES

**Merchant Warranty and Authorization:** Merchant and I/we have read, acknowledge and agree to be bound by all of the terms and conditions set forth herein, including those set forth in this Application and the terms and conditions set forth hereafter, which together constitute the Merchant Credit Card Processing Agreement (the "Agreement"). All information contained in the Application is true and accurate. By its signature hereto, Merchant acknowledges that it is in possession of an imprinter. Merchant and I/we hereby authorize Global Direct to order a consumer credit report on Merchant and each of us.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT (INCLUDING FUNDS TRANSFER INSTRUCTIONS ATTACHED HERETO) TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES

**Sign Here** \_\_\_\_\_ Merchant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Sign Here** \_\_\_\_\_ Merchant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(cannot accept stamped signatures)

**Personal Guaranty:** I/We hereby guarantee to Global Direct and Member, and to their successors and assigns, the full, prompt and complete performance of Merchant and all of Merchant's obligations under this Agreement, including, but not limited to, all monetary obligations arising out of Merchant's performance or non-performance under this Agreement, whether arising before or after termination of this Agreement. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of this Agreement made by or agreed to by Global Direct, Member, and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of non-payment or non-performance of any provision of this Agreement by Merchant, and all other notices or demands regarding this Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by either of them from time to time, concerning my/our financial condition(s), business history, business relationships and employment information. I/We have read, understand, and agree to be bound by the Agreement provided to Merchant.

**Sign Here** \_\_\_\_\_ Guarantor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Sign Here** \_\_\_\_\_ Guarantor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(cannot accept stamped signatures)

_____ Signed for Global Payments Direct, Inc.	_____ Print Name	_____ Title	_____ Date
_____ Signed for Member	_____ Print Name	_____ Name of Member	_____ Date

# MERCHANT CREDIT CARD PROCESSING AGREEMENT - PAGE 4 OF 5

## ELECTRONIC DEBIT/CREDIT AUTHORIZATION

By signing this Application (the "Application"), Merchant hereby authorizes Global Payments Direct, Inc. ("Global Direct") on behalf of Member (as defined herein) and Member to initiate debit/credit entries to Merchant's accounts in accordance with the terms and conditions of the Agreement (as defined below).

This authority is to remain in full force and effect until (a) Global Direct and Member receive advance written notification of not less than ten (10) business days from Merchant of its termination of the authorization, and (b) all obligations of Merchant to Global Direct and Member that arise under the Agreement have been satisfied.

Please Include	Routing Number:	Bank Account Number:
A Voided Check	Bank Name:	Bank Phone Number:

### VOIDED CHECK / BANK INFORMATION

Each Merchant is required to have a voided check or bank letter for ACH payment purposes.

Attach a voided check below

or

Provide a letter from your bank on bank letterhead with the following: (1) DBA or legal name of the business (2) Routing and account numbers from an account that is able to accept ACH debits and credits.

TAPE VOIDED CHECK HERE

## SCHEDULE OF FEES - PAGE 5 OF 5

Qualified Discount Rates	
<u>      1.89 %      </u>	Visa / MasterCard / Discover
Surcharge	
<u>1.80% + \$0.10</u>	Non-Qualified
Funds Availability: 2 Business Days	
Communication	
<u>\$0.25 /each</u>	Visa / MasterCard / Discover / AmEx
Statement Delivery Options	
<input type="checkbox"/> Online E-Statement: _____ <input type="checkbox"/> U.S. Mail: <u>\$2.00 /month</u> <small>(check both boxes to receive online and mailed statement)</small>	
Email address: _____ <small>(required for online e-statement)</small>	
Other	
<u>\$10.00 /month</u>	Mobile Gateway Fee - Primary Phone Line
<u>\$5.00 /month</u>	Mobile Gateway Fee - Additional Phone Lines
<u>      /month</u>	Monthly Minimum
<u>\$0.25 /each</u>	Batch Deposit
<u>\$19.95 /each</u>	Additional Card Swipe Device <i>(first device free)</i>
<u>\$10.00 /each</u>	Retrieval Request Received
<u>\$20.00 /each</u>	Chargeback
<u>\$20.00 /each</u>	ACH Reject / NSF <i>(non-sufficient funds)</i>
<u>\$20.00 /each</u>	ACH Change

**NOTE:** The Discount Rates listed above apply to all card types: Visa Credit, Visa Check, MasterCard Credit, Debit MasterCard, and Discover Credit, and Discover Debit cards.

**No Termination Fee:** The term of this Agreement is month-to-month. In other words, you may terminate this Agreement for any reason as of the end of any processing month, without being charged a termination fee.

**American Express:** In addition to the communications fee, all American Express transactions include a discount rate and a per item fee assessed directly by American Express, and are determined by the type of business at boarding. A 0.30% downgrade will be charged for Retail transactions whenever a Card Not Present or Charge Not Present Charge occurs.

**WARRANTY:** Each of the undersigned owners/officers of merchant also represent and warrant that she/he has read and agrees to the fees set forth herein.

<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">Sign Here</div>	SIGNATURE OWNER #1 <i>(cannot accept stamped signatures)</i>	DBA	DATE
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">Sign Here</div>	SIGNATURE OWNER #2 <i>(cannot accept stamped signatures)</i>	DBA	DATE