



251 O'Connor Ridge Ste 290
 Irving, TX
(877) 850-0005 Customer Service
(972) 893-1111 Corporate Office

When completed, fax to 817-887-1578:

- 1. Application**
- 2. Voided Check**
- 3. 3 months of credit card statements**

New Location	Additional Location	Existing MID	<input type="checkbox"/> Retail	<input type="checkbox"/> Restaurant	<input type="checkbox"/> MOTO	<input type="checkbox"/> Internet
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SECTION I BUSINESS INFORMATION

Corporate Name:			Phone #		Ext.	
DBA Name:			DBA Fax #			
Address:			Contact Name:			
City:		State:	Zip Code:		Contact Cell #:	
Statement Mailing Address:			Federal Tax ID:			
City:		State:	Zip Code:		Email Address:	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sub S Corp			Do you currently accept VS/MC?		Yes	No
Date Business Formed (month/year):		#of locations		Length of Current Ownership:		yrs mos

MERCHANDISE/SERVICES SOLD:	MONTHLY BANK CARD LIMIT	AVE TICKET	TOTAL BUSINESS VOLUME
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American Express <input type="checkbox"/> New Set up <input type="checkbox"/> Existing Account #	1	4	2																
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Discover <input type="checkbox"/> Check here if you do not wish to accept Discover	EQUIPMENT TYPE: PIN PAD	
Pin Based Debit <input type="checkbox"/> Check here if you do not wish to accept	Terminal _____	
<input type="checkbox"/> Wright Express (WEX) <input type="checkbox"/> Voyager	Pin Pad _____	
Chargeback Retrievals <input type="checkbox"/> Mail to: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate	CHECK CONVERSION/GUARANTEE	
Or	Check Company: _____	
<input type="checkbox"/> Fax to: _____	Equipment: _____	
Dynamic Currency Conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary# _____ Secondary # _____	
		Service # _____

Percentage of Business(Must be 100%)			Sales Method (Must be 100%)		<input type="checkbox"/> Purchase \$ _____	
Card Swiped	Key w/ Imprint	Keyed w/o Imprint	STORE FRONT	MAIL/PHONE ORDER	<input type="checkbox"/> Lease \$ _____/month	
%	%	%	%	%	<input type="checkbox"/> Reprogram \$ _____	
Website address:			TRADE SHOW	INTERNET SERVICES		

OWNERS OR OFFICERS (Equity Ownership Must be Greater than 50%)

<input type="checkbox"/> Owner/Partner: Percentage of Ownership	% or	<input type="checkbox"/> Officer: Title	SSN:
First Name:	DOB:	Email Address:	
Last Name:	Home Phone #	DL #	
Home Address:			

<input type="checkbox"/> Owner/Partner: Percentage of Ownership	% or	<input type="checkbox"/> Officer: Title	SSN:
First Name:	DOB:	Email Address:	
Last Name:	Home Phone #	Cell #	
Home Address:			

BUSINESS TRADE SUPPLIERS (List Two)

Name	Address Contact	Phone #
Name	Address Contact	Phone #

SECTION II PRODUCT SALE AND DELIVERY

Card Present Transactions, customer receives the product or service? Same Day If not same day, # Days (with shipping)

Card Not Present Transactions, customer receives products/service? Same Day If not same day, # Days (with shipping)

For Internet Transactions, list the product website: _____

Do you use a fulfillment house or telemarketing company? Yes No

If yes, please provide name of company: _____ Phone #: _____

Address: _____

SECTION III PRICING SCHEDULE

Retail

MOTO/Internet

Qualified Credit Rate: _____ %
 Check Card Rate: _____ %
 Rewards Rate: _____ %
 Mid Qualified Rate: _____ %
 Non Qualified Rate: _____ %
 Discover Rate: _____ %
 American Express _____ %

SECTION IV OTHER RATES/FEES (if applicable)

Retail Transaction Fee:	\$ 0.25
MOTO Transaction Fee:	\$ 0.30
T & E Draft Capture Fee:	\$ 0.30
Voice Auth. With AVS:	\$ 2.20
Voice Auth. – Touchtone Fee:	\$ 1.00
Voice – Operator Asst. Fee:	\$ 1.25
Monthly Service Fee:	\$ 12.00
NSF Fee:	\$ 20.00
Annual Customer Service Fee	\$ 59.00
Chargeback Fee:	\$ 25.00
Retrieval/Representation Fee:	\$ 15.00
Monthly Minimum Discount Fee	\$ 25.00
Voyager Fleet Card 3.15% + \$0.15	
Wright Express (WEX)	\$.20
Imprinter/(1) package sales slips	\$ 25.00
_____	\$ _____
_____	\$ _____
_____	\$ _____

Pin-Based Debit	
Monthly Debit Access Fee:	\$5.00
Debit Transaction Fee:	
Retail < \$30	\$.70
Retail > \$30	\$.90

Wireless	
Set-Up Fee:	\$59.00
Monthly Network Access Fee:	\$19.95
Wireless Transaction Fee:	\$ 0.45

EQUIPMENT PROGRAMMING REQUIREMENTS
 Indicate services required: ___ Amex Rvrs ___ PIP/Split Dial ___ Gift Cards ___ EBT
 ___ Retail (Host Auto Close Default) ___ Quick Pay (QPS) no signature ___ Contactless
 ___ Tip Function Cashier ___ Terminal Auto Close ___ Cash Back Pin Debit
 ___ Restaurant (Quick Close Default) ___ Server Prompt ___ Tip Function Waiter
 ___ Tip Function Cashier ___ Fine Dining
 ___ Multi MID: Existing MID _____ or DBA _____
 Phone Information: Access#: _____ Dedicated Line: ___ Shared w/ Fax ___
 VAR Manufacturer: _____ VAR Software _____ Version: _____

SECTION V MERCHANT SURVEY (TO BE COMPLETED BY SALES REPRESENTATIVE)

Merchant Location Store Front Office Building Warehouse Separate Building Residence Kiosk
 Have you physically been on the site? Yes No Is the physical site inspected the same as the DBA address? Yes No
 In Lieu of Site Inspection: Phone Bill 3 months stmts Utility Bill Yellow Page Ad Photo of the business site
 Is this a retail location? Yes No Is merchant name as it appears on signage? Yes No
 Is merchandise consistent with type of business? Yes No
I certify that the above information is true, complete and accurate: _____ (Signature of Rep)

Printed Name: _____ **Rep #:** _____ **Date** _____

SUBSTITUTE FORM W-9

SOLE PROPRIETOR
 PUBLIC CORP
 CLOSELY HELD CORP
 SUB S CORP
 GOVERNMENT
 GENERAL PARTNERSHIP
 LIMITED PARTNERSHIP
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)
 OTHER (ASSN/ESTATE/TRUST)
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP):
 (IF LLC, PLEASE INDICATE D, C OR P)

NAME* : _____
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS:			TIN (EMPLOYER ID #):
CITY:	STATE:	ZIP:	OR TIN (SOCIAL SECURITY #):

MERCHANT REPRESENTATIONS AND CERTIFICATIONS

Merchant Representations and Certifications. By signing below, the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$30 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:
 1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen, or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7).*

American Express Acceptance Agreement - 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 Elavon and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates, as defined in the AXP agreement, 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 Elavon 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 am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200. I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Elavon to perform services for AXP or to 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 Elavon servicing program that the entity may be enrolled in American Express'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.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

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

SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

PERSONAL GUARANTY

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s), by signing the Merchant Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X	PRINTED NAME:	SSN#:	DATE:
SIGNATURE: X	PRINTED NAME:	SSN#:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME:	REP ID #:	DATE:
REP PHONE #:	REP EMAIL:	ELAVON USA-MSP-ELV-0314	