



MERCHANT PROCESSING APPLICATION AND AGREEMENT

Relationship _____ Association _____
 Sales Rep Name _____ Application Date _____

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1. GENERAL INFORMATION		2. BUSINESS LOCATION INFORMATION		3. BUSINESS STRUCTURE	
Client's Business Name (Doing Business As)			Client's Corporate/Legal Name (Must match IRS income tax filing)		
Location Address			Corporate Address (If Different Than Location)		
City	State	Zip	City	State	Zip
Location Phone		Location Fax		Contact Name	
Customer Service Phone		Prior Security Breach? Yes No		Contact Phone	
Business Website Address			Business Email		D&B#
Multiple locations? Yes No if Yes, enter # of locations _____			Fed Tax ID # (Must match IRS income tax filing)		Tax Type
Additional location to existing MID _____			Tax Filing Name		
Send retrieval/chargeback requests to Corporate Address		Location Address		Date Business Started	
				Length Current Ownership	
Send monthly merchant statements to					
Sole Prop		Partnership		LLC/LLP	
C Corp		S Corp		Govt. (Local/State/Federal)	
501c/Tax Ex.		State Filing: _____		Do Not Mail	
<input type="checkbox"/> I certify that I am a foreign entity / nonresident alien. (If checked, please attach IRS Form W-8.)			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.)		

4. OWNERS/PARTNERS/OFFICERS		5. TRADE REFERENCE	
OWNER/PARTNER/OFFICER 1		OWNER/PARTNER/OFFICER 2	
Name		Name	
Title % Ownership		Title % Ownership	
Home Address		Home Address	
City State Zip		City State Zip	
Telephone		Telephone	
Social Security # Date of Birth		Social Security # Date of Birth	
Email Address		Email Address	
Business Name		Business Address	
City State Zip		City State Zip	
Contact		Telephone	
Account #			
Prior Bankruptcies? Yes No Business and/or Personal Date Discharged: _____			

6. NATURE OF BUSINESS		7. TRANSACTION INFORMATION (see Section 9 American Express)			
Business Type:		Retail	Restaurant	Mail/Telephone Order	Internet
Petroleum		Utilities	Healthcare	Education	QSR
Lodging		Supermarket		Charity/Non Profit	B2B
Government		Other			
Requested Monthly Payment Card Volume _____		Card Present Swiped _____ %		Sales to Consumers _____ %	
Requested Average Payment Card Ticket _____		Card Present Not Swiped _____ %		Sales to Business _____ %	
Requested Highest Payment Card Ticket _____		MOTO _____ %		Sales to Govt. _____ %	
Seasonal Merchant? Yes No (check open months if yes)		Internet (Ecommerce) _____ %		Days to Delivery _____	
J F M A M J J A S O N D		Previous Processor			
		Reason For Leaving			
Description of products or services sold					
Describe your return policy					

8. BANKING ACCOUNT INFORMATION					
Deposit Bank Name		Routing#	Account#		ACH Method:
Bank Address Location		Bank Phone	Checking	Savings	Combined Individual

9. SERVICE ACCEPTANCE AND FEE SCHEDULE

Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)

Visa Credit	Visa Non-PIN Debit	MasterCard Credit	MasterCard Non-PIN Debit	Discover Network	American Express Credit	PIN Debit
Select VI/MC/Discover Network Discount Plan: (Based on Gross Sales Volume) Tiered Basic Flat Rate Pass Through I/C Enhanced Recover Reduction (ERR)				Discount Payment Method: Daily Monthly Assessments: Included Bill Separately (If Pass Through I/C - Assessments MUST Bill Separately) Brand Fees: Included Bill Separately (If Pass Through I/C - Brand Fees MUST Bill Separately)		
Select PinDebit Discount Plan: Pin Debit Network Fee Pass-through + _____ % Markup						

Discount Fees

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
MasterCard			Visa			Discover Network		
Credit Qual			Credit Qual			Credit Qual		
Credit Mid-Qual			Credit Mid-Qual			Credit Mid-Qual		
Credit Non-Qual			Credit Non-Qual			Credit Non-Qual		
CheckCard Qual			CheckCard Qual			CheckCard Qual		
CheckCard Mid-Qual			CheckCard Mid-Qual			CheckCard Mid-Qual		
CheckCard Non-Qual			CheckCard Non-Qual			CheckCard Non-Qual		
Credit Pass Through IC			Credit Pass Through IC			Credit Pass Through IC		
CheckCard Pass Through IC			CheckCard Pass Through IC			CheckCard Pass Through IC		
ERR			ERR			ERR		

Voyager All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include, but are not limited to, Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, Amex Net Work Fee et al.

American Express

OptBlueSM			Amex Direct		
QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	OptBlue SM Monthly Card Volume	_____	Order New Use Existing
Credit Qual			OptBlue SM Average Card Ticket	_____	CAP # _____
Credit Mid-Qual			OptBlue SM Highest Card Ticket	_____	
Credit Non-Qual			SE #	_____	Existing SE # _____
Credit Pass Through IC			Select OptBlueSM Discount Plan: Tiered Basic Flat Rate Pass Through I/C Enhanced Recover Reduction (ERR)		
ERR					Monthly flat fee of \$7.95 or Discount Rate may apply

Fee applies to all American Express Programs.
 **0.30% downgrade will be charged by American Express for transactions whenever a CNP or 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, fax or the Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards.
 An Inbound fee of 0.40% will be applied on any Charge made using a Card, including Prepaid Cards, that was issued outside the United States (as used herein, the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions). This fee is applicable to all industries listed in Appendix B, except Education in the following categories: Sporting & Recreation Camps (MCC 7032), Elementary & Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).

Authorization Fees

Monthly Fees

Visa/MC/Discover Network _____	Electronic AVS _____	Monthly Minimum _____	Industry Compliance _____
Amex/Fleet/Other _____	Voice Authorization _____	Wireless Fee _____	Monthly Service Fee _____
Pin Debit Authorization _____	Voice AVS _____	PIN Debit Fee _____	
EBT Authorization _____		Industry Non-Compliance _____	Up to \$14.95

Miscellaneous Fees

MX Merchant Fees

Sales Transaction Fee _____ (per item)	Chargeback Fee _____ (per occurrence)	MX Merchant Monthly Fee _____
Return Transaction Fee _____ (per item)	Retrieval Fee _____ (per occurrence)	MX Merchant Plan Reporting Basic Plus Premium Enterprise
Batch Fee _____ (per item)	Annual Fee _____	MX Gateway Transaction Fee _____
ACH Reject Fee _____ (per occurrence)	Annual Fee Bill Month _____	Bill to Statement Separate

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a _____ early termination fee in accordance with Part IV, Section A.3 of the Merchant Program Guide.

10. OTHER CARD TYPES

Accept EBT	Yes	No	Order Voyager	Yes	No	Order ACH/Check Services	Yes	No
Accept EBT Cash Benefit	Yes	No	Order Wright Express	Yes	No	(Must attach addendum with app copy)		
			(Must attach Wright Express application and Debranding letter with app copy)			Order Gift Card	Yes	No
						(Must attach addendum with app copy)		

11a. EQUIPMENT / PROCESSING METHOD

Application Type	Retail	Retail w/ Tip	MOTO	Restaurant w/ Tip	Quick Serve Restaurant (no tip)	Hotel	Auto Rental
Terminal Features	Yes	No		Yes	No	Yes	No
Fraud Check (last 4-digits)			Purchasing Card			Invoice/Purchase Order #	
AVS + CVV2			Server/Clerk #			Auto Close Y N	If yes, time? _____
IP Connection?	Yes	No	If yes, Terminal Serial _____			Special Requests (Multi-Mid, Dial 9, etc): _____	
Wireless?	Yes	No	Wireless Info: MAN/Serial _____			SIM Card Number _____	

TYPE OF EQUIPMENT	PRODUCT NAME	QUANTITY	DEPLOYMENT
Terminal Pinpad Printer VAR*			Existing Agent New Order (attach order form)
Terminal Pinpad Printer VAR*			Existing Agent New Order (attach order form)
Terminal Pinpad Printer VAR*			Existing Agent New Order (attach order form)
Terminal Pinpad Printer VAR*			Existing Agent New Order (attach order form)

***Manufacturer/product/version of PC/Internet Software**

Do you use any third party to store, process, or transmit cardholder data? Yes No

If yes, give name/address: _____

ORDER LEASE Lease Company _____ Lease Term _____ Mos. Annual Tax Handling Fee **\$10.20**

Total Monthly Lease Charge _____ w/o taxes, lates fees, or other charges that may apply - See Lease Agreement for details.

This is a NON-CANCELLABLE lease for the full term indicated Client's initials: _____

11b. CARD NOT PRESENT INFORMATION

If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.

- Please submit your Product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with card holder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.
- If Internet, please check your type of business:

Web Hosting	Domain Registration	Web page Design	Auction	Internet Service Gateway
Selling Digital Service	Advertisement	Selling Hard Goods	Other: _____	

If using the Internet, list encryption method, vendor, and controls used to secure transaction information

3. How will the product be advertised or promoted? _____

4. Billing Methods: (Check all that apply)

Monthly - % _____ Yearly - % _____ Quarterly - % _____ One Time - % _____ Hourly - % _____

5. List the name(s) and address(es) of the vendor(s) from which supplies are purchased.

6. Who performs product/service fulfillment? If direct from vendor, please provide Vendor Name, address and phone number in full:

7. Please describe how a sale takes place from beginning of order until completion of fulfillment:

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed) _____ Signature X _____

12b. Annotation

Blank space for annotation.

13. SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version PPS1709) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents 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 Section 7, Transaction Information section and Section 9, American Express above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease 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. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and Wells Fargo Bank, N.A. ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also 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. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your 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, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

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

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

Client's Business Principal / Officer

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for PRIORITY and Wells Fargo Bank, N.A. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Accepted By

Priority Payment Systems, LLC
P.O. BOX 246, Alpharetta, GA 30009-0246

Wells Fargo Bank, NA,
1200 Montego Way, Walnut Creek, CA 94598

Signature X _____

Signature X _____

Title _____ Date _____

Title _____ Date _____