MMG1502(ia) **MERCHANT APPLICATION AND AGREEMENT** MMG1502(ia)

Sales Office _____ **Print Sales Rep Name** _____ **Sales ID#** _____

Merchant # _____ **Sales Rep Signature** _____ **Phone #:** _____

1. BUSINESS INFORMATION

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 Fax # / E-mail Address:**		
Business Website Address:			**Contact Phone #:**		
Customer Service Phone #:	**Customer Service E-mail Address:**		**Send Retrieval Requests to:** ☐ Business Location ☐ Corp/Legal Location **Send Merchant Monthly Statement to:** ☐ Business Location ☐ Corp/Legal Location		

☐ **INDIVIDUAL/SOLE PROPRIETORSHIP:** State in which Certificate of Assumed Name Filed: _____ State: _____

☐ **CORPORATION – CHAPTER S, C** State: _____

☐ **MEDICAL OR LEGAL CORPORATION** State: _____

☐ **TAX EXEMPT ORGANIZATION (501C)** State: _____

☐ **INTERNATIONAL ORGANIZATION** Location Filed: _____

☐ **ASSOCIATION/ESTATE/TRUST** State Filed: _____

☐ **GOVERNMENT (Federal, State, Local)**

☐ **LIMITED LIABILITY COMPANY** State Filed: _____

☐ **PARTNERSHIP** State Filed: _____

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.)*

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part II, Section A.3 of your Program Guide for further information.)

Detailed Explanation of Type of Merchandise, Products or Services Sold:

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION – ALL MERCHANTS

Are you using a Vendor for this site survey? ☐ Yes ☐ No **If yes, please supply a copy of Vendor's report.**

1. **Zone:** ☐ Business District ☐ Industrial ☐ Residential
2. **Location:** ☐ Mall ☐ Office ☐ Home ☐ Shopping Area ☐ Mixed ☐ Apartment ☐ Isolated
3. **How many employees:** _____
4. **How many registers / Terminals:** _____
5. **Is proper license visible?** ☐ Yes ☐ No, explain: _____
6. **Where is the merchant name displayed at the site?** ☐ Window ☐ Door ☐ Store Front
7. **Merchant Occupies:** ☐ Ground Floor ☐ Other: _____
8. **# of Floors/Levels:** ☐ 1 ☐ 2-4 ☐ 5-10 ☐ 11+
9. **Remaining Floor(s) Occupied by:** ☐ Residential ☐ Commercial ☐ Combination
10. **Approximate Square Footage:** ☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001 plus
11. **Are customers required to leave a deposit?** ☐ No ☐ Yes **If Yes, % of deposit required:** _____%
12. **Return Policy:** ☐ Full Refund ☐ Exchange Only ☐ None
13. **Do you have a refund policy for MC/V/Discover® Network Sales?** ☐ Yes ☐ No **If yes, check one:** ☐ Exchange ☐ Store Credit ☐ MC/V/Discover Network
    If MC/Visa/Discover Network Credit, within how many days do you submit credit transactions? ☐ 0-3 ☐ 4-7 ☐ 8-14 ☐ Over 14
14. **Advertising Method** *(Attach at least one):* ☐ Catalog ☐ Brochure ☐ Direct Mail ☐ TV/Radio ☐ Internet ☐ Phone ☐ Newspaper/Journals ☐ Other

Marketing Materials required for Mail Order, B to B, Internet over $1 Million in annual volume. Attach Web Page for Internet Merchant.

15. **Your Previous Processor:** _____
16. **Check Reason For Leaving:** ☐ Rate ☐ Service ☐ Terminated ☐ Other: _____

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

1. **What % of total sales represent business to business** *(vs business to consumer):*
   Business to Business _____% + **Business to Consumer** _____% = **100%** (total sales)
2. **What % of bankcard sales represent business to business** *(vs business to consumer):*
   Business to Business _____% + **Business to Consumer** _____% = **100%** (total sales)
3. **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%**
4. **MC/Visa/Discover Network sales are deposited** *(check one):* ☐ Date of order ☐ Date of delivery ☐ Other *(specify):* _____
5. **Who performs product / service fulfillment?** ☐ Direct ☐ Vendor ☐ Other **If vendor, add**
   Name: _____
   Address: _____
   City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
   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

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3. COMPANY HISTORY

Date Business Started: | Prior Bankruptcies? ☐ No ☐ Yes ☐ Business and / or ☐ Personal

TRADE REFERENCE 1			TRADE REFERENCE 2		
Vendor Name:			Vendor Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Contact Name:			Contact Name:		
Contact Telephone:	Vendor Acct. #:		Contact Telephone:	Vendor Acct. #:	

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: *(First, MI, Last)*			% Ownership:	Name: *(First, MI, Last)*			% Ownership:
Title:				Title:			
Home Address: *(No P.O. Box)*				Home Address: *(No P.O. Box)*			
City:	State:	Zip:	Country:	City:	State:	Zip:	Country:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:		State:	D.O.B.:	DL #:		State:

5. SETTLEMENT INFORMATION

Deposit Bank: | Bank Contact:

Transit / ABA #: | Deposit Account #:

ACH Detail Flag: ☐ Individual ☐ Combined ☐ Separate *(defaults to Combined if option not selected)* ☐ Voided Check Provided

6. EQUIPMENT

Network (Front End): ☐ Omaha ☐ North/Tape ☐ Nashville/Tape ☐ Buypass/Tape (*Purchase price does not include sales tax or Shipping & Handling charges.)*

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

INTERNET GATEWAY: ☐ Authorize.net ☐ Other: _____ Wireless Network: _____

PC/Internet Software _____ Quantity _____ ☐ New ☐ Rent ☐ Existing

Terminal Model _____ Quantity _____ ☐ New ☐ Rent ☐ Existing

Printer Model _____ Quantity _____ ☐ New ☐ Rent ☐ Existing

PIN Pad _____ Quantity _____ ☐ New ☐ Rent ☐ Existing

7. TRANSACTION / THIRD PARTY INFORMATION

FINANCIAL DATA

Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) $_____

Average YEARLY MC/Visa Volume $_____

Average YEARLY Discover Network Volume $_____

Average MC/V/Discover Network Ticket *(Estimate If Never Processed in Past)* $_____

Highest Ticket Amount $_____

Seasonal? ☐ No ☐ Yes High Volume Months Open: _____

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

If yes, give name/address: _____

WHERE IS SALE TRANSACTED?

(Must = 100%)

Store Front/Swiped	_____%
Internet	_____%
Mail Order	_____%
Telephone Order	_____%
Total	100 %

MMG1502 | **8. SERVICE FEE SCHEDULE** | MMG1502(ia)

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: $_____ *(Per Item)*

Discover Network Auth & Capture Fee: $_____ *(Per Item)*

American Express Authorization: $_____ *(Per Item)*

JCB Authorization: $_____ *(Per Item)*

Amer. Express ESA/Pass Through SE #: _____

JCB SE #: _____

TransArmor Auth Fee $_____ *(Per Item)*

Voice Authorization $_____ *(Per Item)*

Electronic AVS Fee $_____ *(Per Item)*

Voice AVS Fee $_____ *(Per Item)*

ARU Fee $_____ *(Per Item)*

Miscellaneous Fees

☐ Dues and Assessments

Chargeback Fee $_____ *(Per Item)*

Retrieval Fee (12B Letter) $_____ *(Per Item)*

Return Trans. Fee $_____ *(Per Item)*

Sales Transaction Fee $_____ *(Per Item)*

Batch Fee $_____ *(Per Item)*

Early Termination Fee $_____ *(One Time Fee)*

EBT – Food Stamps $_____ *(Per Item)* #: _____

EBT – Cash Benefits $_____ *(Per Item)*

Other: _____ $_____

Annual Fee $_____ PCI Fee $_____

MC Other Item Rate $_____

Visa Other Item Rate $_____

Discover Network Other Item Rate $_____

JCB Other Item Rate $_____

Minimum Monthly Fee $_____

Monthly Statement Fee $_____ *(Acct on File)*

Pass Visa ACQ ISA Fee ☐ Yes ☐ No	Pass Visa Acquirer Processing Fee ☐ Yes ☐ No	Pass Visa Misuse of Auth Fee ☐ Yes ☐ No	Pass Visa Zero Floor Limit Fee ☐ Yes ☐ No
Pass Visa Int'l Acquirer Fee ☐ Yes ☐ No	Pass MC Acquirer Support Fee ☐ Yes ☐ No	Pass MC Cross Border Fee ☐ Yes ☐ No	Pass MC Nat'l Acquirer Brand Usage (NABU) Fee ☐ Yes ☐ No
Pass MC Processing Integrity Fee ☐ Yes ☐ No	Pass Discover Int'l Proc Fee ☐ Yes ☐ No	Pass Discover Int'l Service Fee ☐ Yes ☐ No	Pass Discover Data Usage Charge ☐ Yes ☐ No

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

MasterCard Acceptance
- ☐ Accept MC Credit Transactions *only*
- ☐ Accept MC Non-PIN Debit Trans. *only*

Visa Acceptance
- ☐ Accept Visa Credit Transactions *only*
- ☐ Accept Visa Non-PIN Debit Trans. *only*

Discover Network Acceptance
- ☐ Accept Discover Network Credit Transactions *only*
- ☐ Accept Discover Network Non-PIN Debit Trans. *only*

See Section 1.9 of the Program Guide for details regarding limited acceptance.

☐ **Discount Collected** ☐ Daily ☐ Monthly

Monthly Fees

Wireless Fee $_____

Portfolio Mgr Fee $_____

eMerchantView Access Fee $_____

Customer Service Fee $_____

Supplies: _____ $_____

Other: _____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

TIN/TFN & Regulatory Product Fees

Reg. Product Fee $_____ (Monthly)

TIN/TFN Invalid $_____ (Monthly)

Website Usage $_____ (Per Item)

IVR Usage $_____ (Per Item)

Discount Fees (Based on Gross Sales Volume)

	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	$	Visa Qual Credit	%	$	Discover Network Qual Credit	%	$
MC Mid-Qual Credit	%	$	Visa Mid-Qual Credit	%	$	Disc. Network Mid-Qual Credit	%	$
MC Non-Qual Credit	%	$	Visa Non-Qual Credit	%	$	Disc. Network Non-Qual Credit	%	$
MC Qual Debit	%	$	Visa Qual Debit	%	$	Discover Network Qual Debit	%	$
MC Mid-Qual Debit	%	$	Visa Mid-Qual Debit	%	$	Disc. Network Mid-Qual Debit	%	$
MC Non-Qual Debit	%	$	Visa Non-Qual Debit	%	$	Disc. Network Non-Qual Debit	%	$
MC Regulated Debit Disc't	%	$	Visa Regulated Debit Disc't	%	$	Disc. Network Reg. Debit Disc't	%	$

ERR

	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%

■ Pass Through Interchange – Includes Dues and Assessments ■ One Rate

Other Item Rate $_____ *(per item)*

Other Volume Percent *(Based on Net Volume)* _____%

	Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*		Discount *(Based on Gross Sales Volume)*
MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%

PIN Debit

☐ Pass Through Debit Network Fees Other Item Rate $_____ *(per item)* Other Volume Percent _____% *(per item)* Debit Access Fee $_____ *(Monthly)*

Fleet

Wright Express: Other Item Rate $_____ *(per item)* **Voyager:** Qual _____% Other Item Rate $_____ *(per item)*

9. GRID INFORMATION – INTERNAL USE ONLY

MC CREDIT MPG ID _____ *8-position Alpha/Numeric*

VISA CREDIT MPG ID _____ *8-position Alpha/Numeric*

DISCOVER NETWORK CREDIT MPG ID _____ *8-position Alpha/Numeric*

MC DEBIT MPG ID _____ *8-position Alpha/Numeric*

VISA DEBIT MPG ID _____ *8-position Alpha/Numeric*

DISCOVER NETWORK DEBIT MPG ID _____ *8-position Alpha/Numeric*

MC CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

VISA CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

DISCOVER NETWORK CREDIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

MC DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

VISA DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

DISCOVER NETWORK DEBIT TIERED GRID ID _____ *8-pos. Alpha/Numeric (Client Use)*

AUTHORIZATION GRID ID#: _____

USER DEFINED GRID ID#: _____

SIC/MCC: _____

MMG1502	10. SIGNATURE(S)	MMG1502(ia)

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 MMG1502(ia)] and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. 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 Section 7, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes Merchant Management Group, LLC ("MMG") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates 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 named in this Merchant Processing Application. Client authorizes MMG and BANK and their Affiliates (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 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.

Client authorizes MMG and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with 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.

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 MMG and Bank.

Client's Business Principal/Officer:

Signature X _____ Title _____ Signature X _____

Print Name of Signer _____ Date _____ Print Name of Signer _____

Signature X _____ Title _____ Title _____ Date _____

Print Name of Signer _____ Date _____

Personal Guarantee: The undersigned guarantees to MMG and Bank the performance of this Agreement and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. MMG and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of MMG and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Accepted By Merchant Management Group, LLC

Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

Signature X _____ Signature X _____

Title _____ Date _____ Title _____ Date _____