

Sales Office \_\_\_\_\_ Print Sales Rep Name \_\_\_\_\_ Sales ID# \_\_\_\_\_  
 Merchant Number \_\_\_\_\_ Sales Rep. Signature \_\_\_\_\_ Phone #: \_\_\_\_\_

**I. BUSINESS INFORMATION**

Client's Business Name ( <i>Doing Business As</i> ):			Client's Corporate/Legal Name ( <i>Use Also For Headquarter's Information</i> ):		
Business Address:			Billing Address ( <i>If Different Than Location Address</i> ):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #: ( ) -	Location Fax #: ( ) -	Contact Name:			
Business E-mail or Website Address:		Contact Phone #: ( ) -	Contact Fax # / E-mail Address:		
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location			Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)	
<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:			
SIC/MCC:					

**2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS**

Are you using a Vendor?  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/VISA Sales?  Yes  No  
If yes, check one:  Exchange  Store Credit  MC/VISA Credit  
If MC/VISA 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 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 bancard 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 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

**3. COMPANY HISTORY**

Date Business Started:	Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal
<b>TRADE REFERENCE 1</b>	
<b>TRADE REFERENCE 2</b>	
Vendor Name:	Vendor Name:
Contact Name:	Contact Name:
Contact Telephone: ( )	Contact Telephone: ( )
Vendor Acct. #:	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:	City:	State:	Zip:
Telephone #: ( ) -			Telephone #: ( ) -		
Social Security #			Social Security #		
D.O.B.:	DI #:	State:	D.O.B.:	DI #:	State:

**5. SETTLEMENT INFORMATION**

Deposit Bank:	Bank Contact:
Transit / ABA #:	Deposit Account #:

**6. EQUIPMENT/THIRD PARTY INFORMATION**

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

If yes, give name/address: \_\_\_\_\_

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

**INTERNET GATEWAY:**  YourPay.com  Other: \_\_\_\_\_ **Wireless Network:** \_\_\_\_\_

PC/Internet Software \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Terminal Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Printer Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

PIN Pad \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

**LEASE COMPANY: (04) First Data Global Leasing Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: 10.20**

**Total Monthly Lease Charge: \$ \_\_\_\_\_ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)**

Address	City	State	Zip	Attention:
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**7. GRID INFORMATION - INTERNAL USE ONLY**

MC CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	AUTHORIZATION GRID ID#: _____
MC DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	
MC CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	USER DEFINED GRID ID#: _____
MC DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	

FDBCS1001

**8. TRANSACTION INFORMATION**

FDBCS1005

FINANCIAL DATA	WHERE IS SALE TRANSACTED? (Must = 100%)
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Store Front/Swiped _____%
Average YEARLY MC/Visa/Discover Volume \$ _____	Internet _____%
Average MC/Visa/Discover Ticket (Estimate If Never Processed in Past) \$ _____	Mail Order _____%
Highest Ticket Amount \$ _____	Telephone Order _____%
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____	Total <b>100</b> %

**9. SERVICE FEE SCHEDULE**

**Authorization & Capture Transaction Fees**

MasterCard and Visa Authorization & Capture Fee: \$ _____ (Per Item)	Discover Full Acq. Authorization & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ _____ (Per Item)
American Express: \$ _____ (Per Item)	Discover: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)
#: _____	JCB: \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)
	# _____	ARU Fee \$ _____ (Per Item)

9. SERVICE FEE SCHEDULE (Cont'd)

Table with columns for Miscellaneous Fees and Monthly Fees. Includes items like Chargeback Fee, Retrieval Fee, Return Trans. Fee, Sales Trans. Fee, Batch Fee, Early Termination Fee, EBT-Food Stamps, EBT-Cash Benefits, Annual Fee, Monthly Statement Fee, Wireless Fee, eMerchantView Access Fee, Customer Service Fee, Debit Access Fee, Supplies, and Other.

Tiered Discount Fees (Based on Gross Sales Volume) table with columns for Discount and MPG TXN Fee. Lists various credit and debit card categories like MC Qual Credit, MC Mid-Qual Credit, MC Non-Qual Credit, etc.

Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked). Includes sections for MasterCard Acceptance, Visa Acceptance, Discover Network Acceptance, and Discount Collected options.

ERR table with columns for Discount and Non-Qual Fees. Lists categories like MC Qual Credit, MC Qual Debit, Discover Qual Credit, Discover Mid-Qual Credit, Discover Non-Qual Credit.

Pass Through Interchange - Includes Dues and Assessments table. Includes Other Item Rate, Other Volume Percent, and PIN Debit section with checkboxes for Pass Through Debit Network Fees.

PIN Debit section with checkboxes and input fields for Other Item Rate and Other Volume Percent.

10. SIGNATURE(S)

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 MC, Visa and Discover Tiered Grid ID Numbers, Program Guide (Version FDBCS1001) and Confirmation Page, which is part of this Merchant Processing Application...

You acknowledge that by accepting a Discover card for payment, you agree to the terms and conditions of Discover Network ("Discover"). Such terms and conditions will be sent to you by Discover.

The individual who signs this Agreement has authority to do so and to bind its Establishment to the terms and conditions of this Agreement. You further represent that you are authorized to sign and enter into this Agreement on behalf of your establishment, subsidiaries and affiliates...

If BancorpSouth Bank does not approve Client for a Merchant Processing Agreement in connection with this Application, Client hereby consents to forwarding all information contained in this application, as well as all other information disclosed by Client in connection with this application to Cardservice International, Inc., for the purpose of considering Client for a merchant processing account subject to different terms, conditions and pricing...

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 FDMS 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: The undersigned guarantees to FDMS and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties...

Personal Guarantee: Signature X, Print Name, Date. Accepted By First Data Merchant Services Corporation: Signature X, Print Name, Date. BancorpSouth Bank, 2778 West Jackson Street, Tupelo, MS 38801. Signature X, Title, Date.