

BUSINESS INFORMATION	
Merchant's DBA (Doing Business As):	Merchant Exact Legal Name:
Physical Location Address:	Physical Location Address (If Different From DBA):
Billing Address (if Different):	Billing Address (If Different From DBA):
City: State: ZIP:	City: State: ZIP:
Business Phone: Business FAX:	Legal Phone: Legal FAX:
Contact Name:	Legal Contact Name:
Primary E-mail Address:	Legal E-mail Address:
Company Website:	Federal Tax Identification Number:

BUSINESS PROFILE			
<b>Percentage of Business:</b> Retail Card Swipe _____ % Retail Card Keyed (With Imprint) _____ % Retail Card Keyed (Without Imprint) _____ % Internet _____ % TOTAL 100%	<b>Type Of Ownership:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other _____	<b>Business Location:</b> <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____ <b>Age of Business:</b> _____ mos _____ yrs	<b>Customer Refund Policy:</b> <input type="checkbox"/> Refund Within 30 Days <input type="checkbox"/> Exchange Only <input type="checkbox"/> Other _____ Number of Days Until Product is Delivered: _____
Specific Business Type:	Specific Product Sold:		
Have Credit Cards Been Accepted: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Please Submit 3 Months of Previous Processing Statements	Have You Ever Had A Merchant Account Terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Explain:	

OWNER/OFFICER INFORMATION			
Principal Owner #1 Name:	Date of Birth:	Social Security Number:	
Residential Address:	City:	State:	ZIP:
Home Phone:	Home FAX:	Time At Address:	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Driver's License Number	Expiration Date:	Owner %:	Title:

Principal Owner #2 Name:	Date of Birth:	Social Security Number:	
Residential Address:	City:	State:	ZIP:
Home Phone:	Home FAX:	Time At Address:	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Driver's License Number	Expiration Date:	Owner %:	Title:

MEMBER BANK (Acquirer) INFORMATION:	FOR DEBIT DPONSOR CONTACT:
HSBC Bank USA, National Association Merchant Support Group P.O. Box 3263 Buffalo, NY 14240 716-841-6360	Concord EFS National Bank 2525 Horizon Lake Drive Suite 120 Memphis, TN 38133 901-371-8000
<b>Important Member Bank Responsibilities</b>	<b>Important Merchant Responsibilities</b>
1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2. A Visa Member must be a principal (signer) to the Merchant Agreement. 3. The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. 4. The Visa Member is responsible for and must provide settlement funds to the Merchant 5. The Visa Member is responsible for all funds held in reserve that are derived from settlement	1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with Visa Operating Regulations. The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands these specific responsibilities.

CARDHOLDER DATA STORAGE COMPLIANCE	
Is Cardholder Data Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where is Card Data stored? <input type="checkbox"/> Merchant <input type="checkbox"/> CAP Only <input type="checkbox"/> GAA Export <input type="checkbox"/> Merchant & Merchant CAP/VAR	
Primary CAP/VAR Provider: _____	Secondary CAP/VAR Provider: _____

**MERCHANT INITIALS** 

**BANK ACCOUNT INFORMATION**

Bank Name:	Contact Name:
Transit Routing/ ABA # (9 Digits)	Account Number:

**BANKCARD SERVICES FEE SCHEDULE**

Average Ticket Amount: \$	High Ticket Amount: \$	Monthly Bankcard Volume: \$	Other Fees: (If Applicable)
Interchange Level: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> Interchange/Pass Through Surcharge Table: <input type="checkbox"/> Low Tier <input type="checkbox"/> Mid Tier <input type="checkbox"/> Full Tier <input type="checkbox"/> Dues & Assessments Merchant Discounting: <input type="checkbox"/> Daily <input type="checkbox"/> Month End		Debit Transaction Fee: \$0 Debit Access Fee: \$_____ per mo Wireless Transaction Fee: \$0 Wireless Gateway Fee: \$_____ per mo Global WAT Auth: \$0 JCB/Diners Club WAT Auth: \$0 American Express WAT Auth: \$0 Discover Card WAT Auth: \$0 VISA/MC Check/Debit Card: _____ % \$0 VISA/MC Corp/Business: _____ % \$0	Account Set-Up \$_____ Monthly Statement Fee \$_____ Monthly Minimum \$_____ Chargeback Fee \$25.00 Retrieval Fee \$15.00 Batch Header \$_____ NSF Fee \$25.00 EBT Transaction Fee \$0.15 Annual Membership \$0.00 T & E Draft Capture \$0.50 Voice Authorization \$1.50 EDC AVS \$0.05
VISA Qualified Discount Rate _____ % Per Transaction Fee \$0.			
MasterCard Qualified Discount Rate _____ % Per Transaction Fee \$0.			

\*The foregoing fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type which qualify Merchant for the most favorable interchange rates available for such payment type. See the Card Services Terms and Conditions for non-qualifying surcharges.

**CREDIT/DEBIT CARD SERVICES ORDERED**

Check All That Apply:

<input type="checkbox"/> VISA Credit	<input type="checkbox"/> American Express Existing AMEX # _____	<input type="checkbox"/> Diners Club Existing Diners Club # _____
<input type="checkbox"/> MasterCard Credit	<input type="checkbox"/> Discover Card Existing Discover # _____	<input type="checkbox"/> JCB Existing JCB # _____
<input type="checkbox"/> VISA Check	<input type="checkbox"/> Debit Cards	
<input type="checkbox"/> Debit MasterCard	<input type="checkbox"/> EBT FNS # _____	

**EQUIPMENT & SOFTWARE**

Finance Options: (check one):  Leasing  Purchasing  Other:

ITEM	MODEL	QUANTITY	PRICE
			\$
			\$

**SITE SURVEY REPORT**

Type of Building:	<input type="checkbox"/> Shopping Center	<input type="checkbox"/> Office Building	<input type="checkbox"/> Residence	<input type="checkbox"/> Separate Building
Square Footage:	<input type="checkbox"/> 0-250	<input type="checkbox"/> 251-500	<input type="checkbox"/> 501-2,000	<input type="checkbox"/> 2,000+
Merchant:	<input type="checkbox"/> Owns Facility	<input type="checkbox"/> Leases Facility		
Is Business Name Visible on Signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, attach copy of signage contract or explanation.	
Phone:	Time at the Location:			
Landlord Name:	Contact Person:			
Does Merchant use a Fulfillment House? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was Fulfillment House Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Comments:				
I HEREBY CERTIFY I PERSONALLY CONDUCTED THIS PREMISES INSPECTION DESCRIBED ABOVE.				
Print Name:	Rep #:	Signature: X	Date:	

**COMPLETE THE FOLLOWING IF YOUR SALES ARE GENERATED THROUGH MAIL/TELEPHONE/INTERNET**

- Who owns the product?  Merchant  Vendor (Drop Ship Required)
- List the name(s) and address of vendors from which product is purchased: \_\_\_\_\_
- How do you advertise?  Catalog  Direct Mail/Flyers  TV or Radio  Internet (List Web Page) \_\_\_\_\_
- How does the customer order the product?  Mail  Telephone  FAX  Internet
- Name of fulfillment house (if any)? \_\_\_\_\_ Was Fulfillment House inspected?  Yes  NO
- Are consumers required to provide a deposit?  Yes  No
- Shipping Service Used:  Fed EX  UPS  Airborne  Express Mail  By Merchant  Other: \_\_\_\_\_
- Customer Service Phone Number (If Different From Page 1): \_\_\_\_\_
- Do you accept transactions before the product is received?  YES  NO
- How long before the product is received? \_\_\_\_\_
- Do you offer warranties? If yes, please explain: \_\_\_\_\_
- Do you require your customer to sign a subscription? If yes, please explain: \_\_\_\_\_

**SPECIAL INSTRUCTIONS/COMMENTS**

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**MERCHANT INITIALS** 

