

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

I. 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 or Website Address Contact Phone # Contact Fax # / E-mail Address

2. TYPE OF BUSINESS - STATE AND/OR COUNTY OF INCORPORATION

INDIVIDUAL/SOLE PROPRIETORSHIP: County & State in which Certificate of Assumed Name Filed:
CORPORATION - CHAPTER S, C
MEDICAL OR LEGAL CORPORATION
TAX EXEMPT ORGANIZATION (501C)
INTERNATIONAL ORGANIZATION
ASSOCIATION/ESTATE/TRUST
GOVERNMENT (Federal, State, Local)
LIMITED LIABILITY COMPANY
PARTNERSHIP

FEDERAL TAX ID #: Detailed Explanation of Type of Merchandise, Products or Services Sold:
SIC/MCC:

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:

3. COMPANY HISTORY

Date Business Started Length of Current Ownership Prior Bankruptcies?
Name(s) of Any Other Currently / Previously Owned Businesses

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1 OWNER / PARTNER / OFFICER 2 OWNER / PARTNER / OFFICER 3
Name Title Home Address City State Zip Telephone # Social Security #

5. REFERENCES / SETTLEMENT INFORMATION

SETTLEMENT INFORMATION TRADE REFERENCE TRADE REFERENCE
Depository Bank Name Address City State Telephone #
Transit/ABA # Contact Telephone #
Date Relationship Started Account #

6. EQUIPMENT/PLATFORM Omaha/ETC Nashville/Tape North/Tape Purchasing Price Does Not Include Sales Tax or Shipping & Handling Charges.

Wireless Network: Application Type: Retail Restaurant w/Tip Quick Serve Restaurant w/Tip Hotel Retail Lodging Retail w/Tip
PC/Internet Software Quantity Purchase Rent Lease Existing
Terminal Model Quantity Purchase Rent Lease Existing
Printer Model Quantity Purchase Rent Lease Existing
PIN Pad Quantity Purchase 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 for details.
This is a non-cancelable lease for the full term indicated. (Client's Initials: )
INTERNET GATEWAY: YourPay.com Other:

7. SHIPPING EQUIPMENT/MAILING INSTRUCTIONS:

Merchant Location Agent Bank Sales Office Other (Name):
Send Retrieval Requests to: Corporate Address Business Location
Send Monthly Merchant Statements: Corporate Address Business Location
Address City State Zip Attention:

**8. TRANSACTION INFORMATION FOR: (DBA Name)**

**Merchant #:** \_\_\_\_\_

FINANCIAL DATA		WHERE IS SALE TRANSACTED? (Must = 100%)	HOW IS TRANSACTION COMPLETED? (Must = 100%)
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____		Store Front _____ %	Electronic Data Capture _____ %
Average YEARLY MC & VISA Volume \$ _____		Internet _____ %	Manual Entry with Imprint _____ %
Average MC/VISA Ticket (Estimate If Never Processed in Past) \$ _____		Mail Order _____ %	Manual Entry Card _____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months: _____		Telephone _____ %	Not Present or Imprinted _____ %
			Voice Auth & Capture _____ %

**9. SERVICE FEE SCHEDULE:**

Discount Fees (Based on Gross Sales Volume)				Auth & Capture Transaction Fees				Miscellaneous Fees				Monthly Fees											
<p><b>Accept all MasterCard and Visa Transactions</b> (presumed, unless any selections below are checked)</p> <p><b>MasterCard Acceptance</b></p> <input type="checkbox"/> Accept MC Credit transactions <i>only</i>								<p><b>Auth &amp; Capture Transaction Fees</b></p> <p>MC/Visa Authorization Fee \$ _____ (Per Item)</p> <p>Voice Authorization \$ _____ (Per Item)</p> <p>Electronic AVS Fee \$ _____ (Per Item)</p> <p>Voice AVS Fee \$ _____ (Per Item)</p> <p>American Express \$ _____ (Per Item)</p> <p>Discover \$ _____ (Per Item)</p> <p>Diner's \$ _____ (Per Item)</p> <p>JCB \$ _____ (Per Item)</p> <p>Auth. Grid ID #: _____ (Internal Use Only)</p> <p><b>TeleCheck Rates &amp; Fees</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inquiry Rate _____ %</p> <p>December Risk Surcharge <b>.10</b> %</p> <p>Per TXN Fee \$ _____</p> <p>Monthly Minimum Fee \$ <b>25.00</b> (Per Location)</p> <p>ACH Processing Fee \$ <b>5.00</b></p> <p>Client Requested Operator Call (CROC) \$ <b>2.50</b></p> <p>ECA Chargeback Fee \$ <b>5.00</b> (Only charged when entitled with TeleCheck)</p>								<p><b>Miscellaneous Fees</b></p> <p>Batch Fee \$ _____ (Per Item)</p> <p>Chargeback Fee \$ _____ (Per Item)</p> <p>Early Termination Fee \$ _____ (Per Location)</p> <p>Return Fee \$ _____ (Per Item)</p> <p>Retrieval Fee \$ _____ (Per Item)</p> <p>Sales Transaction Fee \$ _____ (Per Item)</p> <p>Other: Volume % _____ %</p> <p>Other: \$ _____ (Per Item)</p> <p><b>PIN DEBIT FEES</b></p> <p>Pin Debit Fee \$ _____ (Per Item)</p> <p>PIN Debit Access Fee \$ _____ (Per Location)</p> <p>Pin Debit Other Volume Percentage _____ %</p>				<p><b>Monthly Fees</b></p> <p>Minimum Monthly Fee \$ _____ (Per Location)</p> <p>Statement Fee \$ _____ (Per Statement)</p> <p>Wireless Fee \$ _____ (Per Location)</p> <p>E-Merchant View \$ _____ (Per User ID)</p> <p>Internet Access Fee \$ _____ (Per Website)</p> <p>Supplies \$ _____ (Per Month)</p> <p>Other: _____ \$ _____</p> <p>User Defined Grid ID# _____ (Per Location) (Internal Use Only)</p>			
<p><b>Visa Acceptance</b></p> <input type="checkbox"/> Accept Visa Credit transactions <i>only</i>																							
<input type="checkbox"/> Accept MC Non-PIN Debit transactions <i>only</i>																							
<input type="checkbox"/> Accept Visa Non-PIN Debit transactions <i>only</i>																							
<p>See Section 1.9 of the Program Guide for details regarding limited acceptance.</p> <p><input type="checkbox"/> <b>Pass Through I/C:</b> Includes Dues and Assessments</p> <p><input type="checkbox"/> <b>3 Tier</b> <input type="checkbox"/> <b>6 Tier Discount</b></p> <p><input type="checkbox"/> <b>Enhanced Recover Reduced ERR Rate:</b></p>																							
<b>M/C 3 Tier</b>	<b>Disc Rate</b>	<b>Per TXN Fee</b>	<b>ERR %</b>	<b>Visa 3 Tier</b>	<b>Disc Rate</b>	<b>Per TXN Fee</b>	<b>ERR %</b>																
MC Qual Credit	_____ %	\$ _____	_____ %	Visa Qual Credit	_____ %	\$ _____	_____ %																
MC Mid-Qual Credit	_____ %	\$ _____	N/A	Visa Mid-Qual Credit	_____ %	\$ _____	N/A																
MC Non-Qual Credit	_____ %	\$ _____	N/A	Visa Non-Qual Credit	_____ %	\$ _____	N/A																
MC Qual Debit	_____ %	\$ _____	_____ %	Visa Qual Debit	_____ %	\$ _____	_____ %																
MC Mid-Qual Debit	_____ %	\$ _____	N/A	Visa Mid-Qual Debit	_____ %	\$ _____	N/A																
MC Non-Qual Debit	_____ %	\$ _____	N/A	Visa Non-Qual Debit	_____ %	\$ _____	N/A																
MC Credit MPG ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)		Visa Credit MPG ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)																	
MC Debit MPG ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)		Visa Debit MPG ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)																	
MC Tiered Grid ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)		Visa Tiered Grid ID (Internal Use Only)		8-pos Alpha/Numeric (Internal Use Only)																	

ENTITLEMENT SERVICES	MERCHANT NUMBER	ENTITLEMENT SERVICES	MERCHANT NUMBER	FEES
<input type="checkbox"/> American Express # _____		<input type="checkbox"/> EBT - Food Stamps # _____		\$ _____ (Per Item)
<input type="checkbox"/> Diner's / Carte Blanche # _____		<input type="checkbox"/> EBT - Cash Benefit # _____		\$ _____ (Per Item)
<input type="checkbox"/> Discover # _____		<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> JCB # _____				\$ _____ (Per Item)
<input type="checkbox"/> TeleCheck (split dial)	<input type="checkbox"/> License # _____ or <input type="checkbox"/> MICR <input type="checkbox"/> Guarantee <input type="checkbox"/> ECA			SE #: _____

**10. SIGNATURES (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 Program Guide (Version FDBCS809) and Confirmation Page, which is part of this Merchant Processing Application, and by this reference incorporated herein. 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 8, Transaction Information section 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 as Section 33, if initialed above, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and BancorpSouth Bank ("Bank") and their 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 FDMS and BANK and their 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.

**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 \_\_\_\_\_ 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 FDMS and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS 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 FDMS 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 through enforcement shall be sought subsequent to any termination.

Personal Guarantee  
 Signature **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Personal Guarantee  
 Signature **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Accepted By First Data Merchant Services Corporation** Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
**BancorpSouth Bank, 1 Mississippi Plaza, 201 S. Spring St., Tupelo, MS 38804** Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_