



New Merchant Checklist

ClearPay Agent: _____

CPP# _____

Merchant Name: _____

Terminal	
<input type="checkbox"/> Placement (ClearPay Supplied) <input type="checkbox"/> New/Reprogram <input type="checkbox"/> Software	Type: _____ Quantity: _____ <small>(Use Special Instructions for Additional Terminal Types)</small>
Terminal Programming	
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Tips	<input type="checkbox"/> Server/Clerk Prompt <input type="checkbox"/> AVS
<input type="checkbox"/> Auto Close (retail only) <input type="checkbox"/> Next Day Funding* <input type="checkbox"/> Default Auto Close – 10pm	<input type="checkbox"/> Dial-Up <input type="checkbox"/> Dial Pre-fix _____ <input type="checkbox"/> IP/High-Speed Internet
Other Services	
Debit <input type="checkbox"/> Pin Pad Swap Type: _____	<input type="checkbox"/> Checks <input type="checkbox"/> Gift Cards
Shipping Instructions (if applicable)	
Ship To: <input type="checkbox"/> Merchant <input type="checkbox"/> Sales Agent	
Special Instructions	

*Next Day Funding Auto Close Times:

Eastern: 6:45pm

Central: 5:45pm

Mountain: 4:45pm

Pacific: 3:45pm

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

Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Page 1 of 4

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: <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: _____	
Name (as it appears on your income tax return)		FEDERAL TAX ID # (as it appears on your income tax return)		<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.4 of your Program Guide for further information.)

SIC/MCC: _____

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

IATA/ARC: _____ (MCC 4722 Only)

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: _____</p> <p>4. How many registers / Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>13. Do you have a refund policy for MC/Visa/Discover® Network/ American Express/ American Express OnePoint Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/V/Discover Network/American Express/ American Express OnePoint Credit. If MC/V/Discover Network/American Express/ American Express OnePoint Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p>	<p>14. Advertising Method (Attach at least one): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i> </p> <p>15. Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>Mail / Telephone Order / Business to Business / Internet Information (All Questions must be Answered)</p> <p>1. What % of total sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>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%</p> <p>4. MC/Visa/Discover Network/American Express/ American Express OnePoint sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> 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): _____ _____ _____</p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Merchant Initials: _____

OmahaWF1704		3. COMPANY HISTORY						OmahaWF1704(ia)			
Date Business Started: _____		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal									
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: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate (defaults to Combined if option not selected)											
6. EQUIPMENT/THIRD PARTY INFORMATION											
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North <input type="checkbox"/> Nashville <input type="checkbox"/> Buypass											
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, identify the Third Party Processor used: <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Yahoo <input type="checkbox"/> 02 Authorize.net <input type="checkbox"/> 03 Cybersource <input type="checkbox"/> 04 Verifone <input type="checkbox"/> 05 Merchant Link <input type="checkbox"/> 06 Shift 4 <div> <input type="checkbox"/> 07 Apriva <input type="checkbox"/> 08 FIS <input type="checkbox"/> 09 Six Payment Services Corp <input type="checkbox"/> 10 Verisign <input type="checkbox"/> 99 Other (please specify) _____ </div>											
INTERNET GATEWAY: <input type="checkbox"/> First Data Global Gateway <input type="checkbox"/> Other: _____											
Wireless Network: _____											
PC/Internet Software _____					Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing						
Terminal Model _____					Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing						
Printer Model _____					Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing						
PIN Pad _____					Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> 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:				
7. GRID INFORMATION - INTERNAL USE ONLY											
AUTHORIZATION GRID ID#: _____			USER DEFINED GRID ID#: _____			MFC GRID ID: _____ 8-pos. Alpha/Numeric					
MC CREDIT TIERED GRID ID		8-pos. Alpha/Numeric	VISA CREDIT TIERED GRID ID		8-pos. Alpha/Numeric	DISCOVER NETWORK CREDIT TIERED GRID ID		8-pos. Alpha/Numeric	AMERICAN EXPRESS CREDIT TIERED GRID ID	8-pos. Alpha/Numeric	
MC DEBIT TIERED GRID ID		8-pos. Alpha/Numeric	VISA DEBIT TIERED GRID ID		8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT TIERED GRID ID		8-pos. Alpha/Numeric			
MC CREDIT MPG ID		8-pos. Alpha/Numeric	VISA CREDIT MPG ID		8-pos. Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID		8-pos. Alpha/Numeric	AMERICAN EXPRESS CREDIT MPG ID		8-pos. Alpha/Numeric
MC DEBIT MPG ID		8-pos. Alpha/Numeric	VISA DEBIT MPG ID		8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID		8-pos. Alpha/Numeric			
8. TRANSACTION INFORMATION											
FINANCIAL DATA								WHERE IS SALE TRANSACTED? (Must = 100%)			
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)		\$ _____	Avg. American Express OnePoint Ticket (Estimate If Never Processed in Past)			\$ _____		Store Front/Swiped _____ %			
Average YEARLY MC/Visa Volume		\$ _____	Avg. MC/Visa/Discover Network Ticket (Estimate If Never Processed in Past)			\$ _____		Internet _____ %			
Average YEARLY American Express Volume		\$ _____	Avg. American Express Ticket (Estimate If Never Processed in Past)			\$ _____		Mail Order _____ %			
Average YEARLY Discover Network Volume		\$ _____	Highest Ticket Amount			\$ _____		Telephone Order _____ %			
Average YEARLY American Express OnePoint Volume		\$ _____									
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____											
9. SERVICE FEE SCHEDULE											
Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)											
MasterCard			Visa			Discover Network					
<input type="checkbox"/> MC Credit Transactions			<input type="checkbox"/> Visa Credit Transactions			<input type="checkbox"/> Discover Network Credit Transactions					
<input type="checkbox"/> MC Non-PIN Debit Trans.			<input type="checkbox"/> Visa Non-PIN Debit Trans.			<input type="checkbox"/> Discover Network Non-PIN Debit Trans.					
See Section 1.9 of the Program Guide for details regarding limited acceptance.											
<input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly											

Merchant Initials: _____

OmahaWF1704		9. SERVICE FEE SCHEDULE (cont'd)						OmahaWF1704(ia)	
Authorization & Capture Transaction Fees									
MC/Visa Auth & Capture Fee: \$ _____ (Per Item)				Discover Network Auth & Capture Fee: \$ _____ (Per Item)				TransArmor Auth Fee \$ _____ (Per Item)	
<input type="checkbox"/> American Express OnePoint/Full Service (EDC)								Voice Authorization \$ _____ (Per Item)	
<input type="checkbox"/> American Express or <input type="checkbox"/> American Express ESA/Pass Through*								Electronic AVS Fee \$ _____ (Per Item)	
American Express Auth & Capture Fee: \$ _____ (Per Item)				American Express ESA/Pass Through SE #:				Voice AVS Fee \$ _____ (Per Item)	
American Express Discount Rate _____ %				Flat Per Transaction Fee \$ _____				ARU Fee \$ _____ (Per Item)	
American Express Prepaid Discount Rate _____ %				Flat Per Transaction Fee \$ _____					
<input type="checkbox"/> American Express Monthly Fee*: \$ 7.95 (Flat Fee)									
*American Express Monthly Flat Fee or Discount Rate may apply.									
Miscellaneous Fees									
<input type="checkbox"/> Dues and Assessments		Chargeback Fee \$ _____ (Per Item)		Retrieval Fee (12B Letter) \$ _____ (Per Item)		Return Trans. Fee \$ _____ (Per Item)		Monthly Fees	
Sales Transaction Fee \$ _____ (Per Item)		Batch Fee \$ _____ (Per Item)		Early Termination Fee \$ _____ (One Time Fee)		Wireless Fee \$ _____		Portfolio Mgr Fee \$ _____	
EBT – Food Stamps \$ _____ (Per Item) #:		EBT – Cash Benefits \$ _____ (Per Item)		Other: \$ _____		eMerchantView Access Fee \$ _____		Customer Service Fee \$ _____	
Minimum Monthly Fee \$ _____		Monthly Statement Fee \$ _____ (Acct on File)		Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		ACH Reject Fee \$ _____ (Per Item)		Debit Access Fee \$ _____	
MC License Fee \$ _____ (Per Sales Item)		_____ % (Sales Volume)		\$ _____ (Flat Rate)		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December		eIDS Access Fee \$ _____	
Visa Proc Fee \$ _____ (Per Item)		MC Proc Fee \$ _____ (Per Item)		Visa BIN Fee \$ _____ (Per Item)		MC ICA Fee \$ _____ (Per Item)		Supplies: _____ \$ _____	
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa FANF Card Present Surcharge \$ _____ (Flat Rate)		Visa FANF Card Not Present Surcharge \$ _____ (Flat Rate)				Other: _____ \$ _____	
Pass Visa Acq Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Fee \$ _____	
Pass Visa Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Kilobyte Fee Surcharge \$ _____ (Flat Rate)		Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa AFD Non Participation Fee Surcharge \$ _____ (Per Item)		Month _____	
Pass MasterCard Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		MasterCard Kilobyte Fee Surcharge \$ _____ (Flat Rate)		Pass MasterCard AVS Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		MasterCard AVS Fee Surcharge \$ _____ (Per Item)		Other: _____ \$ _____	
Pass MasterCard CVC2 Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		MasterCard CVC2 Fee Surcharge \$ _____ (Flat Rate)		American Express Network Fee Surcharge _____ % (Sales Volume)				Annual Fee \$ _____	
Pass American Express Network Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Discover Network Auth Fee Surcharge \$ _____ (Flat Rate)		Pass MC Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Month _____	
Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: _____ \$ _____	
Pass Visa Acq ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Per item	
Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass STAR Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		STAR Debit Network Annual Fee Surcharge \$ _____ (Flat Rate)				<input type="checkbox"/> Monthly	
Pass Pulse Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pulse Debit Network Annual Fee Surcharge \$ _____ (Flat Rate)		Jeanie Debit Network Annual Fee Surcharge \$ _____ (Flat Rate)				<input type="checkbox"/> Annually Month _____	
Pass Jeanie Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No								Other: _____ \$ _____	
								<input type="checkbox"/> Per item	
								<input type="checkbox"/> Monthly	
								<input type="checkbox"/> Annually Month _____	
TIN/TFN & Regulatory Product Fees									
Reg. Product Fee \$ _____ (Monthly)		TIN/TFN Invalid \$ _____ (Monthly)		Website Usage \$ _____ (Per Item)		IVR Usage \$ _____ (Per Item)			
Other Item Rate									
MC Credit \$ _____		Visa Credit \$ _____		Discover Network Credit \$ _____		American Express Credit \$ _____		American Express One Point Credit \$ _____	
MC Debit \$ _____		Visa Debit \$ _____		Discover Network Debit \$ _____					
Other Volume %									
MC Credit _____ %		Visa Credit _____ %		Discover Network Credit _____ %		American Express Credit _____ %		American Express One Point Credit _____ %	
MC Debit _____ %		Visa Debit _____ %		Discover Network Debit _____ %					
Tiered									
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	%	\$	American Express Qual Credit
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Disc. Network Mid-Qual Credit	%	\$	American Express Mid-Qual Credit
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Disc. Network Non-Qual Credit	%	\$	American Express Non-Qual Credit
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$				
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$				
MC Worldcard Non-Qual	%	\$							
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	%	%	American Express Qual Credit
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%	
■ Pass Through Interchange – Includes Dues and Assessments									
	Discount (Based on Gross Sales Vol.)			Discount (Based on Gross Sales Vol.)			Discount (Based on Gross Sales Vol.)		
MC Qual Credit	%		Visa Qual Credit	%		Discover Network Qual Credit	%		American Express Qual Credit
MC Qual Debit	%		Visa Qual Debit	%		Discover Network Qual Debit	%		
PIN Debit									
<input type="checkbox"/> Pass Through Debit Network Fees Other Item Rate \$ _____ (per item) Other Volume Percent _____ % (per item)									

Merchant Initials: _____

9. SERVICE FEE SCHEDULE (cont'd)

TeleCheck

<input type="checkbox"/> ECA Warranty	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Hold Check	Inquiry Rate	_____ %	Stmt/Processing Fee	\$ 5.00
<input type="checkbox"/> Paper Warranty	<input type="checkbox"/> C.O.D.		Dec. Risk Surcharge	_____ .10 %	Customer Requested Operator Call (CROC)	\$ 2.50
SE # _____			Per TXN Fee	\$ _____	ECA Chargeback Fee	\$ 5.00
TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly Minimum Fee	\$ _____ (Per Location)	(Only charged when entitled with TeleCheck)	
See Agreement for definitions, warranty requirements and any additional fees.						

American Express OnePoint

	Rate	Per Item		Rate	Per Item
<input type="checkbox"/> Retail**	_____ %	\$ _____	<input type="checkbox"/> Education	_____ %	
<input type="checkbox"/> Restaurant**	_____ %	\$ _____	<input type="checkbox"/> Healthcare – Office Based Doctors/Dentists	_____ %	
<input type="checkbox"/> Fast Food Restaurant	_____ %		<input type="checkbox"/> Telecommunications	_____ %	
<input type="checkbox"/> Mail Order & Internet	_____ %		<input type="checkbox"/> Telecommunications – Cable/Computer Network	_____ %	
<input type="checkbox"/> Supermarkets	_____ %		<input type="checkbox"/> Independent Gas Station	_____ %	
<input type="checkbox"/> Other Transportation	_____ %		<input type="checkbox"/> B2B	_____ %	\$ _____
<input type="checkbox"/> Lodging	_____ %		<input type="checkbox"/> Prepaid Card	_____ %	\$ _____
<input type="checkbox"/> Services, Wholesale & All Other	_____ %	\$ _____	<input type="checkbox"/> Travel Agencies/Tour Operators**	_____ %	\$ _____

**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. This fee applies to both OnePoint and ESA.

**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.

First Data Global Gateway e4 (GGE4)

<input type="checkbox"/> GGE4 Participation	GGE4 Effective Date: _____		
GGE4 One Time Setup Fee	\$ _____ (one time)	PayPal Auth Fee	\$ _____ (per item)
GGE4 Monthly Fee	\$ _____ (monthly)	PayPal Sale Fee	\$ _____ (per item)
GGE4 Auth Fee	\$ _____ (per item)	PayPal Return Fee	\$ _____ (per item)
GGE4 AVS Fee	\$ _____ (per item)		

First Data Global Gateway e4 (GGE4) TeleCheck

GGE4 TeleCheck Auth Fee	\$ _____ (per item)
GGE4 TeleCheck Deposit Fee	\$ _____ (per item)
GGE4 TeleCheck Adjustment Fee	\$ _____ (per item)

Fleet

WEX: Other Item Rate \$ _____ (per item) Voyager: Qual _____ % Other Item Rate \$ _____ (per item)

OmahaWF1704

10. SIGNATURE(S)

OmahaWF1704(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 and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), 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 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, and the TeleCheck Services 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 and/or "You" and "Your" for the purposes of the TeleCheck Services Agreement.

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved, each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.

As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how AXP's protects your privacy and how AXP uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200.

I understand that upon AXP's approval of the Application, as applicable, the entity will be provided with the Agreement and materials welcoming it, either to AXP's program for FDMS to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the FDMS servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Client authorizes FDMS 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, 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 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 _____		

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after revoked in writing.

Signature X _____	Print Name/Title: _____	Date _____
Authorized Signature on TeleCheck Account for ACH		

Personal Guarantee: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A. and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the TeleCheck/TRS Services 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 agree ments. 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 First Data Merchant Services Corporation

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

Signature X _____	Signature X _____
Title _____ Date _____	Title _____ Date _____

**PROCESSOR
INFORMATION:**Name: **First Data Merchant Services**Address: **1307 Walt Whitman Road, Melville, NY 11747**

URL: _____

Customer Service #: **1-800-858-1166**

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
- We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide or see the applicable provisions of the TeleCheck Services Agreement.
- If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.
- The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 21, 28.7, 31.3, and 33.10 of the Card General Terms; or Section 1.14 of the TeleCheck Services Agreement.
- We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.6), under certain circumstances.
- By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
- The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1 of the TeleCheck Services Agreement.
- If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**

10. Card Organization Disclosure**Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.**

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- The Bank must be a principal (signer) to the Agreement.
- The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.
- The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Organization Rules and applicable law and regulations.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at:
<http://usa.visa.com/merchants/merchant-support/international-operating-regulations.jsp>
- You may download "MasterCard Regulations" from MasterCard's website at:
<http://www.mastercard.com/us/merchant/support/rules.html>
- You may download "American Express Merchant Operating Guide" from American Express' website at:
www.americanexpress.com/merchantopguide

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions [version GPS1804(ia)] consisting of 53 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X _____

Title

Date

Please Print Name of Signer

Free Terminal Placement Agreement



Tell Us What You Need:

- | | |
|--|---|
| <input type="checkbox"/> <i>Retail w/EMV</i> | <input type="checkbox"/> <i>Retail/EMV w/Debit (terminal + pin pad)</i> |
| <input type="checkbox"/> <i>Restaurant w/ Tips (EMV)</i> | <input type="checkbox"/> <i>Retail/EMV/Debit w/Cash Back (terminal + pin pad)</i> |

This Equipment Placement Agreement ("Agreement") is made effective as of the date set forth below by and between ClearPay Processing, LLC ("Company") with its principal place of business at 2120 Main Street, Huntington Beach, Ca. and the entity and/or individual whose name and address are set forth below ("Merchant").

1. Services: Company shall place with free equipment ("Equipment") identified above with merchant at no cost. Merchant agrees that the Equipment is always the property of Company and Merchant assumes all risk for damage to the Equipment. Merchant will automatically be enrolled in ClearPay Service Pak at a cost to Merchant of \$9.95 per month. Full program details and opt out instructions can be obtained at www.clearpayprocessing.com, or by calling Company's customer service number.
2. This agreement shall survive so long as Merchant is processing credit cards with Company. Should Merchant discontinue processing credit cards with Company for any reason then the Termination provisions shall apply. Upon any termination of this Agreement, Merchant must return the Equipment to Company within ten (10) days. In the event Merchant fails to return the Equipment upon request by Company, by the return date or returns any Equipment which is damaged, defective, malfunctioning, or is not in good working order, Merchant shall purchase the Equipment for the full retail price of the Equipment as follows: \$595.00 per EMV Terminal option, or \$895.00 per terminal and pin pad option. Merchant hereby authorizes Company to debit any charges due by Merchant under this Agreement from any checking, savings, credit card or any other type of account provided by Merchant to Company. If Company is forced to initiate collection actions against Merchant for the value of purchase the Equipment noted above, Merchant agrees that it shall pay a reasonable collection fee not to exceed \$300.00 which shall be added to the value of the Equipment noted above.
3. Disclaimer of All Warranties: Company disclaims all warranties, express or implied. Company shall not be liable to Merchant or any third party for any liquidated, indirect, consequential, exemplary or incidental damages even if Company has been advised of the possibility of such damages.
4. This Agreement sets forth the entire agreement and understanding of the parties. Should suit be brought to enforce or interpret any part of this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs. The parties hereby agree that any suit to enforce any provision of this Agreement or arising out of or based upon this Agreement or the business relationship between the parties hereto shall be brought in Orange County, California.

Date: _____

ClearPay Processing, LLC

Merchant Name: _____

By: _____

By: _____

Name/Title: _____

Name/Title: _____

PERSONAL GUARANTY: The undersigned unconditionally and personally irrevocably guaranties to Company, including its successors and assignees, the prompt payment and performance of the terms and conditions outlined in this Agreement. This Guaranty is a guaranty of payment and not merely one for collection.

Print Name: _____

Signature: _____

ClearPay Use Only:

MID:

Date Shipped:

Equipment Shipped: