

MERCHANT PROCESSING APPLICATION



Agent Code _____ Merchant # _____ Sales Rep Signature: _____

Print Sales Rep Name: _____ Sales Rep Phone #: _____

Page 1 of _____

BUSINESS INFORMATION

Legal Business Name: _____

Business DBA Name: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____ Fax Number: _____

Mailing (d.b.a.) Address (if different from Corporate): _____

City: _____ State: _____ Zip: _____

Website: _____

Email: _____

Contact Name: _____ Phone Number: _____

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: _____

Business Start Date: _____ State of Inc.: _____ Type of Business: _____

Current Previous Processor:
 Yes N/A *If Yes, please attach 3 months most recent processing statements.*

Monthly Bancard Sales: _____ Total Monthly Sales: _____ Avg. credit card trans. amount: _____
\$ _____ \$ _____ \$ _____

In Store/Card Present: _____% Credit Card Keyed (Internet): _____%
Credit Card Keyed (MOTO): _____% Credit Card Keyed w/imprint: _____%
Total = 100%

Products / Services are delivered in:
0 - 7 Days _____% 15 - 30 Days _____%
8 - 14 Days _____% Over 30 Days _____%
Total = 100%

Have you or any principals of your company been previously terminated by another credit card processor or Bank for Visa, MC or Discover® Network?
 Yes No If Yes, Reason: _____
Termination Date: _____

Seasonal Sales: Yes No High Volume Months: _____

OWNERSHIP INFORMATION

Ownership Type: Sole Proprietor Partnership Corporation Other: _____

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 III, Section A.3 of your Program Guide for further information.)

Owner 1 / Partner / Officer Name: _____ Title in Business: _____ Date of Birth: _____ Equity Ownership % _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

Owner 2 / Partner / Officer Name: _____ Title in Business: _____ Date of Birth: _____ Equity Ownership % _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

REFERENCES

Landlord Name: _____ Contact Name: _____ Phone: _____ Own Rent

Landlord Address: _____ City: _____ State: _____ Zip: _____

Bank Name: _____ Date Relationship Started: _____ Phone: _____ Account #: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Trade Reference # 1 Name: _____ Trade Contact Name: _____ Phone: _____ Product / Service: _____

Address: _____ City: _____ State: _____ Zip: _____

Trade Reference # 2 Name: _____ Trade Contact Name: _____ Phone: _____ Product / Service: _____

Address: _____ City: _____ State: _____ Zip: _____

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EQUIPMENT / DOWNLOAD INFORMATION

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Manufacturer:	Model	Printer	PIN Pad	Are we reprogramming existing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hypercom	_____	_____	_____	Terminal Application Type: _____
<input type="checkbox"/> Verifone	_____	_____	_____	AVS Prompt: <input type="checkbox"/> Yes <input type="checkbox"/> No ATM Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lipman/Nurit	_____	_____	_____	Call Waiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Close: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PC Software	_____	_____	_____	PBX Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
<input type="checkbox"/> Gateway	_____	_____	_____	Shared Line: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	_____	_____	_____	

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.)

Valued Merchant Services is a registered ISO/MSP of Wells Fargo Bank, N.A.

MERCHANT PROCESSING APPLICATION

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****MUST INCLUDE A COPY OF A VOID CHECK OR BANK LETTER WITH SUBMISSION OF THIS APPLICATION****

Transit (Routing/ABA) #: _____ Checking Account #: _____

Page 2 of _____

SCHEDULE OF FEES

Visa/MasterCard/Discover Network Discount Rate for Qualified Transactions Visa/MC/Discover Network dues, assessments, access and branding fees passed through at cost.				Transaction Fee: (Local / 950) \$ _____	Annual Fee: \$ _____
<input type="checkbox"/> Card Present %	<input type="checkbox"/> Card Not Present: %	Voice Auth: \$ _____	Retrieval per occurrence	Request: \$ _____	per occurrence
Mid-Qualified: Qualified + %	Mid-Qualified: —	Batch Header: \$ _____	per transaction	Chargeback: \$ _____	per occurrence
Non-Qualified: Qualified + %	Non-Qualified: Qualified + %	EBT #: _____	EBT Transaction Fee: \$ _____		
Interchange Plus: _____	Non-PIN Debit Rate: %	ACH Reject Fee: \$ _____	Watts Auth. Fee: \$ _____	Address Verification Svc: \$ _____	
Statement Fee: \$ _____ per month	Minimum Discount: \$ _____	Merchant Club: \$ _____	E-Commerce Activation Fee: \$ _____	Activation Fee: \$ _____	
Application Fee: (Non-refundable) \$ _____	Non-PIN Debit Trans. Fee: \$ _____	PIN Debit Trans. Fee: (plus network fees) \$ _____	Wireless Access Fee: \$ _____	E-Commerce Access Fee: \$ _____	Non-Compliance Fee: \$ _____
PCI Annual Fee: \$ _____	Regulatory Product Fee: \$ _____				

OTHER ENTITLEMENTS

American Express: \$ _____ (per item) (Rates Determined by American Express) Existing #: _____	Discover Network: \$ _____ (per item) Existing #: _____	JCB: \$ _____ (per item) Existing #: _____
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SITE VISITATION FORM

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What does the business sell? _____

External Facility Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Location: <input type="checkbox"/> Mall <input type="checkbox"/> Apartment <input type="checkbox"/> Office <input type="checkbox"/> Isolated <input type="checkbox"/> District <input type="checkbox"/> Shopping Area <input type="checkbox"/> Home <input type="checkbox"/> Other Building Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+	Building Condition: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Floor Occupied By Merchant: <input type="checkbox"/> Ground <input type="checkbox"/> Other Remaining Floors Occupied By: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential Merchant Name Appears: <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front	Internal Facility Condition of Equipment: <input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Merchandise On Display: <input type="checkbox"/> Yes <input type="checkbox"/> No Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2000 <input type="checkbox"/> 2001 +	Operation Environment # of Registers: _____ # of Employees: _____ Refund Policy: <input type="checkbox"/> Store Credit <input type="checkbox"/> Cash Refund <input type="checkbox"/> Exchange Card sales are processed at: <input type="checkbox"/> Date of Order <input type="checkbox"/> _____ <input type="checkbox"/> Date of Delivery License Visibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	TeleCheck <input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> ECA Warranty <input type="checkbox"/> Mail Order <input type="checkbox"/> Hold Check <input type="checkbox"/> Paper Warranty <input type="checkbox"/> C.O.D. SE Number: _____ TeleCheck Rates & Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No Inquiry Rate _____ % December Risk Surcharge _____ % Per TXN Fee \$ _____ Monthly Minimum Fee (per location) \$ _____ Statement/Processing Fee \$ _____ ACH Processing Fee \$ _____ Client Requested Operator Call (CROC) \$ _____ ECA Chargeback Fee \$ _____ (Only charged when entitled with TeleCheck) See Agreement for definitions, warranty requirements and any additional fees.
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Mail / Telephone Order Environment

Merchant Accepts MO/TO: Yes No

If yes, please complete Card Not Present Addendum attached to this application.

Sales Rep Signature: _____ Date: _____

Fleet

Wright Express

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

Voyager

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

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Checking Account #: _____

Page 3 of _____

VMS1408(ia)

SIGNATURES

VMS1408b(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 VMS1408(ia)] 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 Business 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. Client authorizes Valued Merchant Services 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 names in this Merchant Processing Application. Client authorizes Valued Merchant Services 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.

If information is provided in the "New Entitlements" section of the Merchant Application, then the following shall apply:

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 Valued Merchant Services 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, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Valued Merchant Services and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, 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 from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for Valued Merchant Services 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 Valued Merchant Services servicing program, 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.

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 Valued Merchant Services and Bank.

Client's Business Principal/Officer:

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

Signature **X** _____ Title _____

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: The undersigned guarantees to Valued Merchant Services 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. Valued Merchant Services 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 Valued Merchant Services 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 Valued Merchant Services

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

Signature **X** _____ Signature **X** _____

Title _____ Date _____ Title _____ Date _____

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CARD NOT PRESENT ADDENDUM MAIL / TELEPHONE ORDER / BUSINESS TO BUSINESS INFORMATION

Page 4 of _____

What % of total sales represent business to business (vs. business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (total sales)

What % of bancard sales represent business to business (vs. business to consumer): Business to Business _____% + Business to Consumer _____% = 100% (bancard sales)

Timeframe from transaction to delivery of product/service:

Percent of orders delivered in: 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%

Visa/MasterCard/Discover Network sales are deposited (*check one*):

Date of Order Date of Delivery Other (specify): _____

Method of Advertising: Catalog Brochure/Direct Mail TV/Radio Internet Phone
(attach a copy of at least one) Newspaper/Journal Other (specify): _____

Who performs product/service fulfillment? Direct Vendor If Vendor, please provide name, address & phone number:

Describe how the transaction works from order taking to merchant fulfillment:

What card transaction verification steps do you take to protect your from cardholder misuse? (i.e., address verification, call backs, etc.)

Does any of your cardholder billing involve automatic renewals or recurring transactions? (i.e., cardholder authorizes initial sale only)

No Yes If Yes, comments:

Do you have a website? No Yes If Yes, please provide website URL: www._____

What type of data encryption do you employ to protect cardholder account numbers when they are transmitted over a public data network, from the cardholder to your merchant website?

SET SSL (channel encryption) No encryption used