

# APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: \_\_\_\_\_ Assoc #: \_\_\_\_\_ Division: \_\_\_\_\_  
Sales Rep Name \_\_\_\_\_ Sales Rep Code: \_\_\_\_\_ Branch # (if applicable) \_\_\_\_\_

## Business Information

Legal Business Name (23 char max)		DBA Name (23 char max)	
Legal Address		DBA Address (Physical location, no PO Boxes)	
City	State	ZIP	
City	State	ZIP	
Legal Phone Number	Legal FAX Number	DBA / Customer Service Phone Number	DBA FAX Number
Email address for Notices: (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)		Website address	
Preferred Address for: Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> Dedicated FAX _____ Contact Name: _____ Phone _____		Federal Tax ID (must be 9 digits)	Length Owned? ____ Years ____ Months
Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____		Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____	
Type of Ownership: <input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Government Entity If Corporation: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit <input type="checkbox"/> Other		Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Business to Business _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> MOTO _____% Detailed business description (including description of Products or Services sold). Provide separate pages if needed: _____ MCC / SIC (for internal use only) _____	

## Owner and or Officer Information

**NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.TRANSFIRST.COM.**

Name of Principal and Title	Percent Owned	Social Security #	Residential Address, City, State, Zip	Residential Phone Number
	____%	____-____-____		
	____%	____-____-____		

## Processing Information

Have you ever accepted credit cards before?  Yes  No If yes, what is the processor's name? \_\_\_\_\_  
Please provide the most recent 6 months of credit card processing statements.

Number of locations? \_\_\_\_\_ If you are affiliated with an existing account, please provide existing merchant ID#: \_\_\_\_\_

Do you bill your customers prior to goods being shipped?  Yes  No  
If yes, how many days?  0-2 days  3-30 days  31-60 days  60-90 days  Over 90 days

What is your return and refund policy (Please be specific)

How do you advertise? (check all that apply)  Yellow pages  Telemarketing  Catalog  Internet  Word of mouth  Publications  Mass/Direct mail  
 Other, please explain: \_\_\_\_\_

Please supply copies of advertising, including catalogs and brochures.  
Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www. X .com, .net, .org, etc.) on each page.

Credit Card Processing Methods (Must equal 100%)	Do you ship your own goods/products? If no, who is your third-party fulfillment house? (include contact name and phone number):	Average Visa / MC/DISC Transaction (Ticket) Amount	Total Monthly Visa / MC/DISC Sales
Terminal card swiped transactions _____%	_____	\$ _____	\$ _____
Terminal manually keyed (Card Present with Imprints) _____%	_____		
Terminal manually keyed (Card Not Present / without Imprints) _____%	_____		
Touch Tone Capture/Dial Pay (Card Present with Imprints) _____%	_____		
Touch Tone Capture/Dial Pay (Card Not Present / without Imprints) _____%	_____		
Mail Order / Telephone Order (Card Not Present) _____%	_____		
eCommerce Order (Card Not Present) _____%	_____		

Seasonal Business?  Yes  No If Yes, indicate by "X" the months that are ACTIVE:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Card Types Requested? Select all that apply.  All Visa/MC/DISC Credit Cards  All Visa/MC/DISC Debit Cards  Visa/MC Debit Cards only  
 American Express (AMEX)  JCB  Diners/Carte Blanche  Visa/MC Credit Cards & Business Cards only  PIN Based Debit  
 Purchasing Cards  Corporate Cards  Fleet Cards  Visa/MC Credit, Debit, & Business Cards only  EBT Cards

List the names of each of your independent contractors or agents that will have access to cardholder data, including any third party order-taking service (e.g., teleservices):  
(Provide separate pages if needed)

## Banking Information

Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Phone Number
**	I: _____	I: _____	• _____
**	I: _____	I: _____	• _____
**	I: _____	I: _____	• _____

Please mark one box indicating the type of account to be used for ACH entries:  Checking acct  Savings acct  Bank GL acct

\*\*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined on page 3) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the **provided voided check** (if applicable) relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

**Bank and Trade References**

Bank or Trade Name	Account Number	Product Sold (if applicable)	Phone Number

**Fee Schedule**

Fee Category V/MC/DISC Cards (if applicable)	Discount Rate	Transaction Fee (Authorization)	Item Fee (Settlement)	One-time Set-up Fee: \$ _____	Monthly Minimum Fee: \$ _____
MOTO & Std. eCommerce Qualified Transaction:	_____ %	\$ _____	\$ _____	Monthly Statement Fee: \$ _____	Voice / ARU Authorization Fee: \$1.50
MOTO & Std. eCommerce Non-Qualified Transaction Surcharge:	_____ %	\$ _____	\$ _____	Chargeback Fee (each): \$ _____	ACH Return Fee (each): \$25.00
“Other” “_____” Qualified Rate:	_____ %	\$ _____	\$ _____		
“Other” “_____” Non-Qualified Transaction Surcharge:	_____ %	\$ _____	\$ _____		

Cross border international transaction assessments/program support, MC network access/brand usage (NABU), Visa US acquirer processing fee (APF) and card association base II and kilobyte fees may apply.

Please see [www.TransFirst.com](http://www.TransFirst.com) for ways to reduce processing and interchange expense.

Note: Processor and its contractors provide the additional products and services set forth in the sections below, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability therefore.

Processing Method:	<input type="checkbox"/> eBatch Monthly Fee: \$ _____	<input type="checkbox"/> eLink Monthly Fee: \$ _____	<input type="checkbox"/> eTerm Monthly Fee: \$ _____	<input type="checkbox"/> Other/Fees: _____
Value Added Features:	<input type="checkbox"/> eBatch Monthly Fee with Managed Services: \$ _____	<input type="checkbox"/> eLink Monthly Fee with Managed Services: \$ _____	<input type="checkbox"/> Other/Fees: _____	<input type="checkbox"/> Other/Fees: _____
Non-Bankcard:	<input type="checkbox"/> AMEX Authorization & Conveyance Fee: \$ _____ per Authorization	<input type="checkbox"/> JCB Authorization & Conveyance Fee: \$ _____ per Authorization	<input type="checkbox"/> Diners & Carte Blanche Authorization & Conveyance Fee: \$ _____ per Authorization	<input type="checkbox"/> _____ Authorization & Conveyance Fee: \$ _____ per Authorization

Wireless Set-up Fee \$ \_\_\_\_\_ Wireless Transaction Fee \$ \_\_\_\_\_ Wireless Monthly Fee \$ \_\_\_\_\_

**Non-Bankcard Types:**  
 JCB Card \_\_\_\_\_ % Diners Carte Blanche \_\_\_\_\_ %  
 American Express Discount Rate \_\_\_\_\_ % or  Monthly Flat Fee: \$ 5.95  Monthly Gross Pay  Daily Gross Pay  
 Retail \$0.10 Trans Fee + 0.30% CNP Downgrade OR  Services, Wholesale & All Other \$0.15 Trans Fee  
 Annual AMEX Charge Volume \$ \_\_\_\_\_ AMEX Pay Frequency  3-Day  15-Day  30-Day  
 Average AMEX Ticket \$ \_\_\_\_\_ **AMEX Fees disclosed in this section are billed by American Express**

**Check Services** (select one):  Standard Verification  Standard Guaranty  Premium Verification\* 1  Premium Guaranty- \*  
 Maximum approval limit \$1500.00 \* Premium Selections include Electronic Check Conversion 1 – Returned Item Fee Applies: \$ 3.00/item  
 Per Transaction Fee \$ \_\_\_\_\_ Monthly Subscription Fee \$ \_\_\_\_\_ Discount Rate (Guaranty services only) \$ \_\_\_\_\_  
 Monthly Minimum \$ \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Back Office Conversion Fee \$ \_\_\_\_\_

**Merchant Gift Card and Loyalty Program** (select one):  Gift only  Gift Card PLUS (Loyalty)  
 If more than one location, please submit all applications to TenderCard.  
 Gift Cards accepted at all locations?  Yes  No Monthly Hosting Fee \$ \_\_\_\_\_ Per Transaction Fee \$ \_\_\_\_\_  
 Number of Gift Card locations \_\_\_\_\_ Monthly Hosting Fee for each Additional Location \$ \_\_\_\_\_  
**Select ONE of the following four Kits**  
 One-Color Pre-Designed Starter Kit:  
 – with 25 Cards & Sleeves \$ \_\_\_\_\_ per location Includes Download, POP Acrylic Stand, Quick Reference Guide, Decals, Online Reporting, Cards and Sleeves  
 – with 100 Cards & Sleeves \$ \_\_\_\_\_ per location  
 One-Color Custom Starter Kit  
 \$ \_\_\_\_\_ per location Includes Download, POP Acrylic Stand, Quick Reference Guide, Decals, Online Reporting, Proof Design, Plate Setup, and 100 Cards and Sleeves per location  
 Four-Color Custom Starter Kit  
 \$ \_\_\_\_\_ per location Includes Download, POP Acrylic Stand, Quick Reference Guide, Decals, Online Reporting, Proof Design, Plate Setup, and 250 Cards and Sleeves per location  
 Additional Pre-Designed Cards: Quantity Requested \_\_\_\_\_ Fee for Each Card \$ \_\_\_\_\_ Design Charge per Proof \$ \_\_\_\_\_  
 Additional Custom Cards: Quantity Requested \_\_\_\_\_ Fee for Each Card \$ \_\_\_\_\_ Design Charge per Proof \$ \_\_\_\_\_  
 Additional Sleeves: Quantity Requested \_\_\_\_\_ Fee for Each Sleeve \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_ Description of Fee: \_\_\_\_\_  
 Additional Terminal ID Fee \$ \_\_\_\_\_ For locations with multiple terminals, Individual Statement Not Included  
 Additional Location Setup Fee \$ \_\_\_\_\_ Includes a Download, Quick Reference Guide, Online Reporting and Individual Statement  
 Intra-Program Settlement – per location per month Daily \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Per Rejected Transaction \$ \_\_\_\_\_  
 Early Termination Fee may apply. See Terms & Conditions.

**Additional Services:** (if checked, please complete associated addendum if necessary and submit with this Application)  ACH Services  Pre-paid Services  
 Petro Partner  Northern Leasing  Cash Advance  Security Breach Coverage \$ \_\_\_\_\_  Other \_\_\_\_\_  
 Check here if the Early Termination Fee clause, as stated in the Card Not Present Addendum applies.

If the merchant is retail or restaurant, is leasing, and is opting out for free gift cards please initial here: \_\_\_\_\_

**Equipment Options**

Item Description	Model Number	Version or Serial #	QTY	Code	Price*
Terminal/Software					\$
Terminal/Software					\$
Printer					\$
PIN Pad					\$
Check Reader					\$
Imprinter					\$
					\$

  

Equipment billed to: <input type="checkbox"/> Merchant <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> N/A
Equipment shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> N/A
Welcome Kit sent by: <input type="checkbox"/> Agent <input type="checkbox"/> Processor
Welcome Kit shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> N/A
Merchant trained by: <input type="checkbox"/> Agent <input type="checkbox"/> Processor If "Other" selected above, please provide details below.
Name
Address
City State ZIP

\*Shipping, handling, and tax will be billed in addition to the equipment price listed above.

Codes: **FUA** = Free Use Addendum (Submit FUA addendum with this Application), **MO** = Merchant Owned, **PN** = Purchase New, **PO** = Purchased Via Other Source, **PRF** = Purchased Refurbished, **RTL** = Rental / Lease, **EE** = Encryption Exchange, or **STW** = STW Provided.

**For purposes of this application, "Processor" is TransFirst ePayment, Inc., located at 12120 Shamrock Plaza, Suite 100, Omaha, NE 68154 and can be contacted at (888) 541-9800 and "Merchant Bank" is Columbus Bank and Trust Company, located at 1125 First Avenue, Columbus, GA, 31901, (706) 649-4900.**

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes the Merchant Bank or any credit bureau or any credit reporting agency employed by Merchant Bank or any agent of Merchant Bank, to make whatever inquiries the Merchant Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks Merchant Bank whether or not a consumer report was requested, Merchant Bank will tell such person, and if Merchant Bank received a report, Merchant Bank will give such person the name and address of the agency that furnished it). Each person also authorizes the Merchant Bank to give information to others, including other creditors and credit reporting agencies, concerning the Merchant Bank experience with Merchant. The Merchant Bank may request additional information if the Merchant Bank decides that it is necessary. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 3.509 OF THE MERCHANT CARD PROCESSING AGREEMENT PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/REGULATIONS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. PLEASE ALSO CAREFULLY REVIEW, IF APPLICABLE, THE TERMS AND CONDITIONS OF VERSION 2.509 OF THE CARD NOT PRESENT ADDENDUM AND VERSION 1.1208 OF THE SPECIAL SERVICES ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/REGULATIONS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. BY SIGNING BELOW, (i) YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS AND (ii) YOU AGREE TO ACCEPT ELECTRONIC NOTIFICATION OF ANY CHANGES TO THOSE TERMS AND CONDITIONS.**

If Discover® Network Card acceptance is selected above, Processor will settle your Discover Network transactions and (a) you will receive one consolidated statement from Processor that will reflect your Visa, MasterCard and Discover Network transactions; (b) your Discover Network settlement funds will be paid at the same time and in the same manner as your Visa and MasterCard settlement; (c) you will not have a direct relationship with Discover Network and the terms set forth in the Merchant Card Processing Agreement for Discover Network transactions will apply; and (d) Merchant Bank (i) does not sponsor Processor into the Discover Network, (ii) is not providing or agreeing to provide Merchant any services hereunder with respect to Discover Network Card transactions, (iii) does not determine or approve or agree upon any fees, charges, pricing, or any other terms and conditions, relating to Discover Network Card transactions, and (iv) has no responsibility or liability to Merchant for Discover Network Card transactions. If American Express is selected above, then by signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. 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 Terms and Conditions. If selected above, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement. Further, Merchant hereby requests Check Service acceptance be added to this Application. Merchant understands that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck. If selected above, Merchant hereby requests CrossCheck acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by CrossCheck. If selected above, Merchant hereby requests Tender Card Gift and Loyalty card acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by Tender Card. Early Termination Fees apply; See Terms and Agreements.

**Merchant(s) Signature**

**Guarantor(s) Signature**

1) \_\_\_\_\_  
Merchant Signature (Principal or Owner) Date

Print name Title

2) \_\_\_\_\_  
Merchant Signature (Principal or Owner) Date

Print name Title

1) \_\_\_\_\_  
Guarantor Signature Date

Print name (No Titles)

2) \_\_\_\_\_  
Guarantor Signature Date

Print name (No Titles)

**For Internal Use Only**

Accepted by <b>Processor</b> _____ Date _____	Accepted by <b>Merchant Bank</b> _____ Date _____
Print name _____ Title _____	Print name _____ Title _____



### Automated Clearing House (ACH) Addendum

(To be used in conjunction with the Credit Card Application for merchants choosing to process Credit Card and ACH transactions)

STW Short Name: \_\_\_\_\_ Assoc #: \_\_\_\_\_ Division: \_\_\_\_\_

Sales Rep Name \_\_\_\_\_ Sales Rep Code: \_\_\_\_\_ Branch # (if applicable) \_\_\_\_\_

#### Business Information

Merchant DBA Name:	Merchant ID (for internal use only):
What percentage of ACH payments is from: Businesses: _____% Consumers: _____% (Must equal 100%)	Do you have a refund policy? No ____ Yes ____ If yes, please describe exactly as presented to customer:
Describe specific product or services the company offers for which the ACH processing services will be used:	

#### Processing Information

Have you accepted ACH payments before? No \_\_\_\_ Yes \_\_\_\_ If yes, name of previous ACH processor: \_\_\_\_\_  
(Please provide the most recent 3 months of ACH processing statements)

For Internet merchants, please list all URL's for which the ACH services will be used. Include login's and passwords for any "membership" type websites:

#### Projected ACH Transaction Volume and Threshold Parameters

Maximum Single Transaction Amount:	Maximum Number Daily Transactions:	Maximum Monthly Transaction Amount:	Maximum Number Monthly Transactions:
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#### Projected ACH Transaction Activity

TYPES OF ACH PAYMENTS ACCEPTED AND PERCENTAGE OF TOTAL TRANSACTIONS:

Internet Initiated Entries (WEB)	Telephone Initiated Entries (TEL)	Prearranged Payment & Deposit Entries (PPD)	Corporate Credit or Debit Entries (CCD)
% of Total	% of Total	% of Total	% of Total
_____	_____	_____	_____

**(Must equal 100%)**

#### TELEPHONE Authorizations Must Be Recorded

How are authorizations obtained: \_\_\_\_\_ Recording is done: In house \_\_\_\_\_ By a third-party \_\_\_\_\_

If by a third-party:  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dial-in Number: \_\_\_\_\_ Login: \_\_\_\_\_ Password: \_\_\_\_\_

Internet URL: \_\_\_\_\_ Login: \_\_\_\_\_ Password: \_\_\_\_\_

#### ACH Fees

Per Transaction: \$ _____	Per Return: \$ _____	Discount Rate: _____ %	Monthly Maintenance: \$ _____	Application Setup Fee: \$ _____
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Merchant Initials \_\_\_\_\_



**ACH Banking Information**

Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number ** (Shown on the bottom of the check)	Phone Number
**			
**			

**\*\*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** TransFirst is authorized to initiate or transmit automatic debit and / or credit entries to the account identified in the *provided voided check* relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to TransFirst, its processors and their agents.

Please mark one box indicating the type of account to be used for ACH entries:  Checking Acct  Savings Acct  Bank GL Acct

**For purposes of this application, "TransFirst" is TransFirst ePayment, Inc., located at 12120 Shamrock Plaza, Suite 100, Omaha, NE 68154 and can be contacted at (888) 541-9800.**

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes TransFirst or any credit bureau or any credit reporting agency employed by TransFirst or any agent of TransFirst, to make whatever inquiries TransFirst deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks TransFirst whether or not a consumer report was requested, TransFirst will tell such person, and if TransFirst received a report, TransFirst will give such person the name and address of the agency that furnished it). Each person also authorizes TransFirst to give information to others, including other creditors and credit reporting agencies, concerning TransFirst's experience with Merchant. TransFirst may request additional information if TransFirst decides that it is necessary. Each person agrees to notify TransFirst, or its processor(s), of any and all changes which occur from time to time in the information and statements contained herein. Each person understands that TransFirst, or its processor(s), will debit the account specified in the ACH Banking Information above for all setup fees, including any non-refundable application fee, as an ACH item, upon receipt of this completed application, and all subsequent monthly service and transaction fees, via an ACH transaction. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 1.1208 OF THE ACH TERMS AND CONDITIONS PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/REGULATIONS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. BY SIGNING BELOW, (i) YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS AND (ii) YOU AGREE TO ACCEPT ELECTRONIC NOTIFICATION OF ANY CHANGES TO THOSE TERMS AND CONDITIONS.**

**Merchant Signature:**

X  
Merchant Signature (Principal or Owner)

\_\_\_\_\_  
Name (Print or Type) Title

\_\_\_\_\_  
Date

**Guarantor Signature:**

X  
Guarantor Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Accepted by Processor Date

\_\_\_\_\_  
Print Name Title

**PATRIOT ACT NOTIFICATION AND DISCLOSURE**

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH INDIVIDUAL OR BUSINESS WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE AND/OR OTHER IDENTIFYING DOCUMENTS.

**SECTION I: IF MERCHANT IS A GOVERNMENT ENTITY, CHECK BOX FOR SUPPORTING DOCUMENTATION PROVIDED**

DO NOT COMPLETE SECTIONS II AND III

- GOVERNMENT ENTITY ARTICLES OF INCORPORATION
- GOVERNMENT ENTITY TAX DETERMINATION LETTER
- GOVERNMENT ENTITY THIRD PARTY VERIFICATION (DESCRIBE) \_\_\_\_\_

**SECTION II: CHOOSE A FORM OF IDENTIFICATION**

(MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED, AND SUPPORTING DOCUMENTATION MUST BE PROVIDED)

\*\*COMPLETE SECTION III BELOW FOR ADDITIONAL REQUIRED INFORMATION

**BUSINESS NAME:** \_\_\_\_\_

<p align="center"><input type="checkbox"/> <b>GOVERNMENT ISSUED BUSINESS LICENSE</b></p> <p>IDENTIFICATION NUMBER _____                  PLACE OF ISSUANCE _____                  DATE OF ISSUANCE _____ EXPIRATION DATE _____</p>	<p align="center"><input type="checkbox"/> <b>TAX RETURN</b></p> <p>I.R.S. EMPLOYER IDENTIFICATION NUMBER _____                  TYPE OF TAXES FILED _____                  PLACE OF ISSUANCE _____ DATE FILED _____</p>
<p align="center"><input type="checkbox"/> <b>CORPORATE RESOLUTION</b></p> <p>PLACE OF ISSUANCE _____                  DATE FILED _____</p>	<p align="center"><input type="checkbox"/> <b>ARTICLES OF INCORPORATION</b></p> <p>PLACE OF ISSUANCE _____                  ARTICLES OF INCORPORATION FILE DATE _____</p>
<p align="center"><input type="checkbox"/> <b>PARTNERSHIP AGREEMENT</b></p> <p>NAME OF WHO EXECUTED PARTNERSHIP AGREEMENT _____                  DATE OF PARTNERSHIP AGREEMENT _____                  PLACE OF ISSUANCE _____</p>	<p align="center"><input type="checkbox"/> <b>BUSINESS FINANCIAL STATEMENTS</b></p> <p>DATE _____                  TYPE: <input type="checkbox"/> BALANCE SHEET <input type="checkbox"/> STATEMENT OF CASH FLOWS  <input type="checkbox"/> INCOME STATEMENT                  PLACE OF ISSUANCE _____</p>
<p align="center"><input type="checkbox"/> <b>ON-SITE VISIT</b></p> <p>DATE _____ BUSINESS CONSISTENT WITH APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

**SECTION III: CHOOSE A FORM OF IDENTIFICATION**

(MINIMUM, ONE BOX MUST BE CHECKED AND COMPLETED)

<b>INDIVIDUAL NAME</b> _____	<b>DATE OF BIRTH</b> _____
<b>ADDRESS OF RESIDENCE</b> _____	<b>MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)</b> _____

A VALID DRIVER'S LICENSE IS REQUIRED. IF NO DRIVER'S LICENSE IS AVAILABLE THE INDIVIDUAL SIGNING ON BEHALF OF THE MERCHANT MUST INITIAL HERE TO INDICATE THE INDIVIDUAL DOES NOT HOLD A DRIVER'S LICENSE AND CHOOSE ANOTHER FORM OF IDENTIFICATION LISTED BELOW: MERCHANT INITIALS \_\_\_\_\_

<p>DRIVER'S LICENSE # _____ DATE OF ISSUANCE _____ STATE OF ISSUANCE _____ EXP. DATE _____</p> <p align="center"><input type="checkbox"/> <b>STATE ID</b></p> <p>STATE ID NUMBER _____                  PLACE OF ISSUANCE _____                  EXPIRATION DATE _____                  DATE OF ISSUANCE (IF AVAILABLE) _____</p>	<p align="center"><input type="checkbox"/> <b>PASSPORT</b></p> <p>PASSPORT NUMBER _____                  COUNTRY OF ISSUANCE _____                  EXPIRATION DATE _____                  DATE OF ISSUANCE (IF AVAILABLE) _____</p>
<p align="center"><input type="checkbox"/> <b>MEXICAN CONSULATE ID</b></p> <p>MATRICULA ID NUMBER _____                  PLACE OF ISSUANCE _____                  CITY OF ISSUANCE _____                  EXPIRATION DATE _____                  DATE OF ISSUANCE (IF AVAILABLE) _____</p>	<p align="center"><input type="checkbox"/> <b>MILITARY ID</b></p> <p>SOCIAL SECURITY NUMBER _____                  PLACE OF ISSUANCE _____                  EXPIRATION DATE _____                  DATE OF ISSUANCE (IF AVAILABLE) _____</p>
<p align="center"><input type="checkbox"/> <b>RESIDENT ALIEN ID</b></p> <p>RESIDENT ALIEN ID NUMBER _____                  EXPIRATION DATE _____                  DATE OF ISSUANCE (IF AVAILABLE) _____                  PLACE OF ISSUANCE _____</p>	CREDIT CARD INFORMATION

<b>NAME AND TITLE (PLEASE PRINT)</b> _____	<b>MERCHANT SIGNATURE*</b> _____	<b>DATE</b> _____
_____	<b>X</b>	
<b>SALES REPRESENTATIVE NAME (PLEASE PRINT)</b> _____	<b>SALES REPRESENTATIVE SIGNATURE*</b> _____	<b>DATE</b> _____
_____	<b>X</b>	

\* BY SIGNING ABOVE, YOU HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION LISTED HEREIN IS TRUE AND CORRECT AND WAS PERSONALLY OBSERVED ON THE INDICATED DOCUMENT.

# VISA DISCLOSURE PAGE

## Member Bank (Acquirer) Information

Acquirer Name: Columbus Bank and Trust Company  
Acquirer Address: 1125 First Avenue  
Columbus, GA 31901  
Acquirer Phone: 706-649-4900

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.

## Merchant Information

Merchant Name: \_\_\_\_\_ Merchant Phone: \_\_\_\_\_

Merchant Address: \_\_\_\_\_  
\_\_\_\_\_

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 some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

## Merchant Signature

\_\_\_\_\_  
**Merchant's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Merchant's Printed Name Title