

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Page 1 of 3

Client's Business Name (<i>Doing Business As</i>):			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):		
Business Address:			Billing Address (<i>If Different Than Location Address</i>):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail or Website Address:		Cust. Svc. Phone #:	Contact Phone #:	Contact Fax # / 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: _____	
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:			
SIC/MCC:					

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

Are you using a Vendor? Yes No If yes, please supply a copy of Vendor's report.

<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"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</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</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/Amer. 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/Visa/Discover Network Credit <input type="checkbox"/> American Express OnePoint Credit If MC/Visa/Discover Network/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 (<i>Attach at least one</i>): <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. Your 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 <i>(All Questions must be Answered)</i></p> <p>1. What % of total sales represent business to business (<i>vs business to consumer</i>): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (<i>vs business to consumer</i>): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>3. What is the time frame from transaction to delivery? (<i>% of orders delivered in</i>): 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%</p> <p>4. MC/Visa/Discover Network/American Express OnePoint sales are deposited (<i>check one</i>): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (<i>specify</i>): _____</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 (<i>attach additional sheet if necessary</i>): _____</p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (<i>i.e. cardholder authorizes initial sale only</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

3. COMPANY HISTORY

Date Business Started:	Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal						
TRADE REFERENCE 1			TRADE REFERENCE 2				
Vendor Name:			Vendor Name:				
Address:	City:	State:	Zip:	Address:	City:	State:	Zip:
Contact Name:			Contact Name:				
Contact Telephone:	Vendor Acct. #:		Contact Telephone:	Vendor Acct. #:			

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:	City:		State:	Zip:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DI #:	State:		D.O.B.:	DI #:	State:	

5. SETTLEMENT INFORMATION

Deposit Bank:	Bank Contact:
Transit / ABA #:	Deposit Account #:

6. EQUIPMENT/THIRD PARTY INFORMATION

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: _____

INTERNET GATEWAY: YourPay.com Other: _____ Wireless Network: _____

PC/Internet Software _____ Quantity _____ New Rent Lease Existing

Terminal Model _____ Quantity _____ New Rent Lease Existing

Printer Model _____ Quantity _____ New Rent Lease Existing

PIN Pad _____ Quantity _____ New 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 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

MC CREDIT MPG ID 8-position Alpha/Numeric	VISA CREDIT MPG ID 8-position Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID 8-position Alpha/Numeric	AUTHORIZATION GRID ID#:
MC DEBIT MPG ID 8-position Alpha/Numeric	VISA DEBIT MPG ID 8-position Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID 8-position Alpha/Numeric	
MC CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	VISA CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	USER DEFINED GRID ID#:
MC DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	VISA DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	

OmahaWF1208(ia) **8. TRANSACTION INFORMATION** OmahaWF1208(ia)

FINANCIAL DATA

WHERE IS SALE TRANSACTED?
(Must = 100%)

Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Average MC/Visa Ticket \$ _____	Store Front/Swiped _____ %
Average YEARLY MC/Visa Volume \$ _____	Average Discover Network Ticket \$ _____	Internet _____ %
Average YEARLY Discover Network Volume \$ _____	Average Amer. Express OnePoint Ticket \$ _____	Mail Order _____ %
Average YEARLY American Express OnePoint Volume \$ _____	Highest Ticket Amount \$ _____	Telephone Order _____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes		Total 100 %

9. SERVICE FEE SCHEDULE

Authorization & Capture Transaction Fees

MasterCard, Visa and Discover Network Authorization & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ _____ (Per Item)
<input type="checkbox"/> American Express OnePoint/Full Service (EDC) or <input type="checkbox"/> American Express ESA/Pass Through	Electronic AVS Fee \$ _____ (Per Item)
American Express Authorization: \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)
Other Item Rate: \$ _____ (Per Item)	ARU Fee \$ _____ (Per Item)
Amex ESA/Pass Through SE #: _____	SE #: _____

Miscellaneous Fees

Monthly Fees

<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee (12B Letter) \$ _____ (Per Item)	Return Trans. Fee \$ _____ (Per Item)	Wireless Fee \$ _____
Sales Trans. Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)		eMerchantView Access Fee \$ _____
EBT-Food Stamps \$ _____ (Per Item) #:	EBT-Cash Benefits \$ _____ (Per Item) #:			Customer Service Fee \$ _____
Other: \$ _____	Annual Fee \$ _____	MC Other Item Rate \$ _____	Visa Other Item Rate: \$ _____	Debit Access Fee \$ _____
Pass Visa ACQ ISA Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Min. Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Account on File)		Supplies: _____ \$ _____
Pass MC Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC National Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: _____ \$ _____

9. SERVICE FEE SCHEDULE (cont'd)

Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)

MasterCard Acceptance

- Accept MC Credit Transactions only
Accept MC Non-PIN Debit Transactions only
Discount Collected Daily Monthly

Visa Acceptance

- Accept Visa Credit Transactions only
Accept Visa Non-PIN Debit Transactions only

Discover Network Acceptance

- Accept Discover Network Credit Transactions only
Accept Discover Network Non-PIN Debit Transactions only

See Section 1.9 of the Program Guide for details regarding limited acceptance.

Tiered American Express OnePoint

Discount Fees (Based on Gross Sales Volume)

Table with columns for Discount and MPG TXN Fee for various credit and debit categories including MC, VS, and Discover Network.

Table listing American Express OnePoint services such as Retail, Restaurant, Fast Food, Mail Order, Supermarkets, Travel, Lodging, etc., with associated rates.

ERR

Table with columns for Discount and Non-Qual Fees for MC, VS, and Discover Network categories.

Fleet

Table for Wright Express and Voyager services with Other Item Rate and Qual percentages.

TeleCheck

Table for TeleCheck services including Split Dial, License #, MICR, Warranty, ECA, and various fees like Inquiry Rate and December Risk Surcharge.

Pass Through Interchange - Includes Dues and Assessments

Table for Pass Through Interchange with columns for Other Item Rate, Other Vol. Percent, and Discount based on Gross Sales Vol.

PIN Debit

Table for PIN Debit with columns for Pass Through Debit Network Fees, Other Item Rate, and Other Volume Percent.

OmahaWF1208(ia) 10. SIGNATURE(S) OmahaWF1208(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 OmahaWF1208(ia)] and Confirmation Page...

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")...

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.

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, Print Name of Signer, Date, Signature X, Title, Date

Personal Guarantee: The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable, and any addendum thereto by Client...

Personal Guarantee: Signature X, Print Name, Date

Accepted By First Data Merchant Services Corporation: Signature X, Print Name, Date

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

Signature X, Title, Date

Title, Date