



COMPLETE SECTIONS (1-9)

Merchant #: \_\_\_\_\_ Loc. 1 of \_\_\_\_\_

(1) TELL US ABOUT YOUR BUSINESS

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 Phone #: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_
Business Website Address: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_
Send Retrieval Requests / Fax Type to: [ ] Business Address [ ] Fax # SIC/MCC: \_\_\_\_\_

(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE

Your Total Cash and Credit Sales (For All Outlets) \$ \_\_\_\_\_,000 Estimated MC/Visa Average Ticket / Sales Amount: \$ \_\_\_\_\_
Total Annual MC/Visa Volume: (For All Outlets) \$ \_\_\_\_\_,000 Estimated Discover Network Average Ticket for this Outlet: \$ \_\_\_\_\_
Total Annual Discover Network Volume: (For All Outlets) \$ \_\_\_\_\_,000 Annual MC/Visa Volume for this Outlet: (For Multiple Outlets Only) \$ \_\_\_\_\_,000
Est. Discover Network Annual Sales Volume for this Outlet: (For Multiple Outlets Only) \$ \_\_\_\_\_,000

(3) ENTITLEMENTS

[x] MC/Visa [x] Discover Network Full Processing Signed Annual Check Sales Volume: \$ \_\_\_\_\_,000 Average Check Ticket: \$ \_\_\_\_\_
[ ] Traditional TeleCheck (20) [ ] ECA [ ] Paper Warranty [ ] Verification [ ] License # or MICR: \_\_\_\_\_
[ ] Voyager Fleet\* or Existing Voyager Acct #: \_\_\_\_\_ Annual Voyager Vol.: \$ \_\_\_\_\_ [ ] MC Fleet [ ] Wright Express or Existing WEX Acct #: \_\_\_\_\_
\*Tax exempt Voyager Cards accepted: [ ] Yes [ ] No
[ ] Non-Lic. JCB (EDC) \_\_\_\_\_ (Existing Account #)
[ ] American Express (Existing SE #) \_\_\_\_\_ or [ ] ESA # (New Request) Check one: [ ] Split Dial [ ] EDC
American Express Cap # \_\_\_\_\_ Franchise Name: \_\_\_\_\_ Other: \_\_\_\_\_ SE #: \_\_\_\_\_
[ ] Debit Package 8 4 0 7 2 0 5 7 [ ] EBT FNS # (XREF): \_\_\_\_\_

(4) PROVIDE MORE BUSINESS DATA

State Incorp. \_\_\_\_\_ Month/Yr. Started: \_\_\_\_\_ [ ] Sole Ownership [ ] Partnership [ ] Non Profit/Tax Exempt [ ] Public Corp. [ ] Private Corp. [ ] L.L.C. [ ] Gov't.
Check one: TIN Type: [ ] EIN (Fed Tax ID #) [ ] SSN TIN ID #: \_\_\_\_\_ Mag Swipe \_\_\_\_\_ % + Keyed Manually \_\_\_\_\_ % = 100%
Product/Services You Sell: \_\_\_\_\_
POS Card Present (MAG Swipe and/or Manual Imprint) \_\_\_\_\_ % + Mail Order/Direct Marketing \_\_\_\_\_ % + Phone Order \_\_\_\_\_ % + Internet \_\_\_\_\_ % = 100%
Do you use any third party to store, process or transmit cardholder data? [ ] Yes [ ] No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)
If yes, give name/address: \_\_\_\_\_
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: \_\_\_\_\_
D&B #: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

(5) DESCRIBE EQUIPMENT DETAILS

Table with 7 columns: Customer-Owned Lease (circle one), QTY, IP, Equipment Type (i.e. Terminal/VAR/Internet), Retail • Restaurant • MOTO/Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petr, Model Code and Name, For Customer-Owned Equipment Track / Version/Serial #. Rows include C L, R Re MOTO/I L S C QSR P.

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Client Initials \_\_\_\_\_

Merchant #: \_\_\_\_\_ Loc. \_\_\_\_\_ of \_\_\_\_\_

**(5) DESCRIBE EQUIPMENT DETAILS (cont'd)**

Wireless Provider:  GPRS Cingular or  Other: \_\_\_\_\_

Check one:  Gateway Solutions  Dial Solutions  YourPay  EFSNET\*\*\*  VSAT\*\*\*\*  Frame  Other: \_\_\_\_\_  IC Verify Serial # \_\_\_\_\_

VAR/Internet/Software: Name: \_\_\_\_\_ (Nashville Only: Product ID # \_\_\_\_\_ Vendor ID # \_\_\_\_\_)

NOTE: \*\*\*EFSNET Technical Contact: Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

**LEASE COMPANY: (04) First Data Global Leasing** Lease Term: \_\_\_\_\_ Months Annual Tax Handling Fee: **\$10.20**  
**Monthly Lease Charge for This Location: \$ \_\_\_\_\_ w/o taxes, late fees, or other charges that may apply. \*See Multiple Locations form for the Monthly Lease Charge for each individual location. See Lease Agreement for details. This is a NON-CANCELABLE lease for the full term indicated.**

**(6) PROVIDE YOUR OWNER INFORMATION**

Owner/Partner/Officer Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:		State:	Zip:
Owner/Partner/Officer Name:	D.O.B.:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:		State:	Zip:

**(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE**

**Start-Up Fees (One-Time Charge)**

**Non-Taxable Fees:**

Application Fee (Non-Refundable) (247) \$ \_\_\_\_\_

Reprogramming Fee (31A) \$ \_\_\_\_\_

Debit Set-up Fee (31B) \$ \_\_\_\_\_

Misc. Fee (31J) \$ \_\_\_\_\_

Other: \_\_\_\_\_ ( ) \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ w/o tax

**Billed Monthly Fees (If Applicable)**

Service Fee (339) \$ \_\_\_\_\_

ACH Reject Fee (401) \$ \_\_\_\_\_

Minimum Processing Fee (950) \$ \_\_\_\_\_

Wireless Access Fee (399)

FEE PER TID	# OF TIDS	TOTAL
\$ _____ x _____		= \$ _____

ClientLine® (32R) \$ \_\_\_\_\_

Paper Statement Fee (323) \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Supplies: \_\_\_\_\_

**Billed Annual Fees**

Compliance Service Fee (November) (321) \$ \_\_\_\_\_

Annual Membership Fee (294) \$ \_\_\_\_\_

**Non-Internet Authorization Fees**

MC Non-Internet Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X) \$ \_\_\_\_\_

Visa Non-Internet Auth Fee (040, 041, 042, 043, 044, 04V, 03W, 03X) \$ \_\_\_\_\_

Discover Network Non-Internet Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X) \$ \_\_\_\_\_

Amex Non-Internet Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X) \$ \_\_\_\_\_

JCB Non-Internet Auth Fee (080, 081, 082, 083, 084, 08V, 08W, 08X) \$ \_\_\_\_\_

**Internet**

**Start-Up Fees**

YourPay Set-up Fee (31X)

FEE PER TID	# OF TIDS	TOTAL
\$ _____ x _____		= \$ _____

Internet Set-up Fee (30R)

FEE PER TID	# OF TIDS	TOTAL
\$ _____ x _____		= \$ _____

**Billed Monthly Fees**

YourPay (31Z)

FEE PER TID	# OF TIDS	TOTAL
\$ _____ x _____		= \$ _____

Internet Service Fee (394)

FEE PER TID	# OF TIDS	TOTAL
\$ _____ x _____		= \$ _____

**Internet Authorization Fees**

Internet/YourPay MC, V, Amex, Dis, JCB (03R, 04R, 06I, 07I, 08D, 435) \$ \_\_\_\_\_

**BuyPass Fees**

Datawire Micronode  Yes  No

Datawire Micronode 960-AS Monthly Fee (354) \$ \_\_\_\_\_ (each)

**Authorization Fees**

Voyager (0D0, 0D1, 0DV) \$ \_\_\_\_\_

WEX (0B0, 0B1, 0BV) \$ \_\_\_\_\_

**Other Payment Fees**

**Voyager:**

Sales Discount Rate (844) \_\_\_\_\_%

Credit Discount Rate (845) \_\_\_\_\_%

**TeleCheck**

**TeleCheck Rates & Fees:**  Yes  No

Inquiry Rate \_\_\_\_\_%

December Risk Surcharge **.10** %

Per TXN Fee \$ \_\_\_\_\_

Monthly Minimum Fee (Per Location) **\$ 25.00**

ACH Processing Fee **\$ 5.00**

Client Requested Operator Call (CROC) **\$ 2.50**

ECA Chargeback Fee **\$ 5.00**  
 (Only charged when entitled with TeleCheck)

**Other Fees**

Early Termination Fee \$ \_\_\_\_\_

Chargeback Fee (205, 725) \$ \_\_\_\_\_

Retrieval Fee (262) \$ \_\_\_\_\_

Amer. Express Sales Trans. Fee (013) \$ \_\_\_\_\_

JCB Auth Fee (10M) \$ \_\_\_\_\_

MC Cross Border Fee USD (605) \_\_\_\_\_%

Visa International Service Fee (22A) \_\_\_\_\_%

MC/Visa/Discover Network Voice AVS (10B, 10E, 10K) \$ \_\_\_\_\_

EBT Cash (18E, 18I, 02X, 18H) \$ \_\_\_\_\_

EBT Food Stamps \$ \_\_\_\_\_

AVS (405, 406, 407, 408) \$ \_\_\_\_\_

Discover Network AVS (07A, 07B, 07C, 079) \$ \_\_\_\_\_

Batch Settlement Fee (227) \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)**

DBA Name: \_\_\_\_\_ Pricing Type: \_\_\_\_\_ Loc. \_\_\_\_\_ of \_\_\_\_\_

**Discount Fees (Based On Gross Sales Volume)**

**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

**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. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See Section 18.1 of the Program Guide).

**Tiered Pricing: (Select One)**

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) %	(001, 002) \$	Visa Qual Debit	(854) %	(134, 135) \$
MC Mid- Qualified Credit	(810) %	(611, 612) \$	Visa Mid- Qualified Debit	(874) %	(144, 145) \$
MC Non- Qualified Credit	(820) %	(621, 622) \$	Visa Non- Qualified Debit	(864) %	(154, 155) \$
MC Qualified Debit	(850) %	(130, 131) \$	Discover Network Qual Credit	(170) %	(015, 016) \$
MC Mid- Qualified Debit	(870) %	(140, 141) \$	Discover Network Mid-Qual Credit	(990) %	(717, 718) \$
MC Non- Qualified Debit	(880) %	(150, 151) \$	Discover Network Non-Qual Credit	(994) %	(721, 722) \$
Visa Qualified Credit	(804) %	(005, 006) \$	Discover Network Qual Debit	(964) %	(787, 788) \$
Visa Mid- Qualified Credit	(814) %	(615, 616) \$	Discover Network Mid-Qual Debit	(968) %	(791, 792) \$
Visa Non- Qualified Credit	(824) %	(625, 626) \$	Discover Network Non-Qual Debit	(978) %	(795, 796) \$

**Flat Rate**

	Discount		Discount		Discount
MC Qualified Credit	(800) %	Visa Qualified Credit	(804) %	Discover Network Qualified Credit	(170) %
MC Qualified Debit	(850) %	Visa Qualified Debit	(854) %	Discover Network Qualified Debit	(964) %

Dues and Assessments (273, 274, 6AC) \$ \_\_\_\_\_

**Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 18.1)**  
Applies to Non-qualified MC, Visa & Discover Network Credit and/or Non-PIN Debit Transactions. (30D, 20B) \_\_\_\_\_ %

**Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard (563), Visa (553), or Discover Network (529) plus a MasterCard Assessment Fee (273) of .0950%, a Visa Assessment Fee (274) of .0925%, or a Discover Network Assessment Fee (6AC) of .0925%, plus any other fees indicated on this Service Fee Schedule.**

	Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)
Other Item Rate \$ (per item)	MC Qual Credit (800) %	Visa Qual Credit (804) %	Discover Network Qual Credit (170) %		
Other Volume Percent (Based on Net Vol.) %	MC Qual Debit (850) %	Visa Qual Debit (854) %	Discover Network Qual Debit (964) %		

**PIN Debit (Must complete only one of the following fees if PIN Debit is selected)**

**Bundled PIN Debit** (191, Key 0-593) \$ \_\_\_\_\_ **OR** **Unbundled PIN Debit** (018, Key 0-590, Key 0-593) \$ \_\_\_\_\_ (plus the applicable network fees) **PIN Debit Declined Transaction Fee: (42R)** \$ \_\_\_\_\_

**See Section 36.3 of the Program Guide for early termination fees.**

**(8) AGREEMENT APPROVAL**

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-9), as modified from time to time in accordance with the provisions of this Agreement and agrees to be bound by all provisions as printed therein. Client hereby consents to receiving commercial electronic mail messages from us 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 the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. This signature page also serves as the signature page to the Equipment Lease 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.

By signing below, each of the undersigned authorizes us to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. 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. It is our policy to obtain certain information in order to verify your identity while processing your account application.

**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.**

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

**Client's Business Principal:** (Please sign below)

**X Signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Title:  Pres.  V.P.  Member L.L.C.  Owner  Partner  Other: \_\_\_\_\_

**(PROCESSOR): For First Data Merchant Services Corporation and Wells Fargo Bank, N.A.**

**X Signature** \_\_\_\_\_

**(9) PERSONAL GUARANTY**

In exchange for First Data Merchant Services Corporation and Wells Fargo Bank, N.A.'s acceptance of, as applicable, the Agreement and/or the Equipment Lease Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the foregoing Agreements, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under any of the foregoing Agreements. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. and First Data Merchant Services Corporation are relying upon this Guaranty in entering into, as applicable, the Agreement and the Equipment Lease Agreement.

**Signature** (Please sign below):

**Signature** (Please sign below):

**X** \_\_\_\_\_, an individual **X** \_\_\_\_\_, an individual

Bank Code: \_\_\_\_\_ Merchant ID: \_\_\_\_\_ BuyPass Merchant #: \_\_\_\_\_

DBA NAME                         (24 characters)

**BANKING INFORMATION (REQUIRED)**

First/Last Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ATTACH A COPY OF FUNDING CHECK OR BANK LETTERHEAD/LOGO SIGNED BY A BANK OFFICER WITH TYPED ABA/DDA. MUST INCLUDE BANK NAME AND ADDRESS.**

ABA #: \_\_\_\_\_ DDA #: \_\_\_\_\_

**CHECKLIST INFORMATION**

Sales Support ID: \_\_\_\_\_ Sales Rep. ID #: \_\_\_\_\_ Print Sales Rep. Name: \_\_\_\_\_

**HIERARCHY:** Bank: \_\_\_\_\_ Agent: \_\_\_\_\_

Corp.: \_\_\_\_\_ Chain: \_\_\_\_\_ BuyPass FIID: \_\_\_\_\_

**CLIENT VISITATION**

- Visit Not Required (Lic. Professional)**
- 1. Zone:  Business District  Industrial  Residential
- 2. Location:  Mall  Shopping Area  Isolated  
 Office  Apartment  Home  
 Other: \_\_\_\_\_
- 3. Seasonal:  No  Yes, Mos. in Operation: \_\_\_\_\_  
Mos. Open Between \_\_\_\_\_ to \_\_\_\_\_
- 4. External Facility Description (# of Levels/Floors):  
 1  2-4  5-10  11 plus
- 5. Merchant Occupies:  Ground Floor  
 Other: \_\_\_\_\_
- 6. Remaining Floor(s) Occupied by:  
 Residential  Commercial  Combination
- 7. Advertising Name Displayed:  
 Window  Door  Store Front
- 8. Time Zone (required): \_\_\_\_\_
- 9. Approx. Square Footage:  
 0-250  251-500  501-2,000  2,001+
- 10. # of Employees: \_\_\_\_\_
- 11. # of Registers: \_\_\_\_\_
- 12. Return Policy:  
 Full Refund  Exchge Only  None
- 13. Do you have a refund policy for your MC/Visa / Discover® Network sales?  Yes  No  
If yes, Check one:  
 Exchange  Store Credit  Refund Cardholder  
If MC/Visa/Discover Network Credit, within how many days do you submit credit transactions?  
 0-3  4-7  8-14  Over 14 days
- 14. Proper License Visible (Liquor, Tax ID, etc.):  
 Yes  No, explain: \_\_\_\_\_
- 15. Your Previous Processor: \_\_\_\_\_
- 16. Your Previous Merchant #: \_\_\_\_\_
- 17. Check Reason for Changing:  
 Rate  Service  Terminated  
 Other: \_\_\_\_\_
- 18. D & B #: \_\_\_\_\_
- 19. Do You Have Previous Processor MC/Visa/ Discover Network Statements?  Yes  No
- 20. Are customers required to leave a deposit?  
 Yes  No  
If Yes, % of deposit required: \_\_\_\_\_%  
Time Frame for Delivery: \_\_\_\_\_ Days

Comments to Credit Officer (40 Characters): \_\_\_\_\_

**MAIL STATEMENTS / DOCUMENTS**

**Statement Recap Information:** (check one)  01 = Outlet  02 = Stmt to Bill To/No Recap  07 = Suppress Stmt (No Stmt)  08 = Produce Recap, No Stmt  
 09 = Bill to Address/Stmt and Recap  10 = Recap to Bill To/Stmt to Outlet

Statement Type: (check one)  Detail  Summary Statement Delivery Method: (check one)  E-Mail  Online  Print and Mail

Statement E-Mail Address: \_\_\_\_\_

**ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP:** (check one)  
 0 = Each Transfer  1 = Debit/Credit Grouped (By Category)  2 = Net Transfer Amount Only  3 = Net Transfer EOM Fee Combined

**PROCESSING INFORMATION**

- 1. Processing mode:  EDC:  ECR
- 2. Funding will be processed DAILY via:  ACH  Bankwire
- 3. Bank will fund:  Outlet  Head Office
- 4. # of Plates: \_\_\_\_\_ Long \_\_\_\_\_ Short
- 5. Fire Safety Act:  Yes  No
- 6. Ship Equipment and Welcome Packet to (check one):  Outlet  Head Office  Other, give mailing information below  No Welcome Packet and Supplies  No Welcome Packet

Name: \_\_\_\_\_ First/Last Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Merchant ID: \_\_\_\_\_

**PROCESSING INFORMATION (cont'd)**

**7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)**

<input type="checkbox"/> <b>Auto Settle Time</b> _____ <b>hh ET (military)</b>	<input type="checkbox"/> <b>QSR-CR/SMT</b> (Convenience/Small Ticket)	<input type="checkbox"/> <b>Partial Approval</b>	<b>Terminal Features: (Cont'd)</b>	
<input type="checkbox"/> <b>Bar Tab</b>	<input type="checkbox"/> <b>QSR Print Option</b> _____	<input type="checkbox"/> <b>Purchase w/Balance Return</b>	<b>Key</b>	<b>Password</b>
<input type="checkbox"/> <b>Clerk /Server Entry</b>	<input type="checkbox"/> <b>Invoice Number</b>	<input type="checkbox"/> <b>Standalone Balance Inquiry</b>	<b>Disable</b>	<b>or</b>
<input type="checkbox"/> <b>Debit Cash Back</b>	<input type="checkbox"/> <b>Multi-Trans</b> (PC/Register/Software only)	<input type="checkbox"/> <b>Amex Prepaid Program Preference</b>	<b>Credits</b>	<input type="checkbox"/>
<b>Delayed Ship Date:</b> _____	<input type="checkbox"/> <b>No Server/ Ticket ID</b>	<i>(Choose One):</i>	<b>Voids</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>Dial Prefix:</b> <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Remove Room # Prompt</b>	<input type="checkbox"/> <b>Partial Auth</b>	<b>Forces</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>Dial Suffix:</b> _____	<input type="checkbox"/> <b>Remove Ticket # Prompt</b>	<input type="checkbox"/> <b>Balance Back</b>	<b>Reviews</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>E-Commerce</b>	<input type="checkbox"/> <b>Retail Gas</b>	<input type="checkbox"/> <b>Other</b> _____	<b>Bal/Settle</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>If IP</b> _____ <i>(List Current Provider)</i>	<input type="checkbox"/> <b>Retail With Tip</b>	<b>PINPad:</b>	<b>Auth Only</b>	<input type="checkbox"/>
<b>E-Mail Address:</b> _____	<input type="checkbox"/> <b>Ship Method</b> (Overnight)	<input type="checkbox"/> <b>DES Encryption</b>	<b>Reports</b>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Tip % Option</b>	<input type="checkbox"/> <b>DUKPT</b>	<b>Tip Adjustment</b>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Verify Amount Prompt</b>	<input type="checkbox"/> <b>Access Code #</b> _____		<input type="checkbox"/>

Comments: \_\_\_\_\_  
**(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)**

**Mail / Telephone Order / Business to Business / Internet Information**  
*(All Questions must be Answered)*

- 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%** (total sales)
- 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%**
- MC/Visa/Discover Network sales are deposited *(check one)*:  Date of order  Date of delivery  Other *(specify)*: \_\_\_\_\_
- Who performs product / service fulfillment?  Direct  Vendor  Other If vendor, add  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please describe how the transaction works, from order taking to merchant fulfillment *(attach additional sheet if necessary)*:

6. Does any of your cardholder billing involve automatic renewals or recurring transactions *(i.e., cardholder authorizes initial sale only)*?  Yes  No