



710 Topanga Canyon Blvd. #202
 Chatsworth, CA 91311
 Phone (888)690-7555
 Fax (818)700-3106

Source #:	Merchant #:
Chain #:	MCC:

Merchant Application

Business Information

Merchant's DBA Name/Outlet Name:		Merchant's Legal Name:	
Physical Street Address (No P.O. Box):		Mailing Address (for statements & chargeback notifications – if different than physical):	
City, State, Zip:		City, State, Zip:	
Contact Name at this Address:	Telephone Number:	Fax Number:	E-mail Address:
Customer Service Phone # (Required for MOTO and Internet merchants only):		Website Address (Required for Internet merchants):	

Merchant Profile

Type of Ownership:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Assoc.	Card Present and Swiped through electronic terminal:	%	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Tax Exempt Org. (501C)	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:	Manually Keyed with imprint of card:	%
Do you currently accept Visa/MasterCard?	Federal Tax ID #:			Mail Order/Telephone Order/Internet transactions:	%	
<input type="checkbox"/> Yes <input type="checkbox"/> No				Total:	100 %	

Visa/MasterCard Information

Complete description of business and goods or services sold:

Years in business under current ownership: _____ Do you accept Cards before the customer receives product or service? Yes No % of sales in this category: _____

% of the total cost of product that is pre-paid: _____ The amount of time (in weeks) between the time the transaction is complete to delivery of product or service: _____

Do you offer warranties, dues, subscriptions, memberships or other extended services? Yes No Describe: _____

Annual Visa/MC Sales \$ _____ Average Ticket \$ _____ Max Ticket \$ _____ Duration of warranty or extended service: _____

Owner/Officer Information

Owner Name (#1)	Title & % Ownership:	Date of Birth:	Social Security #	Home Phone #
Home Address:	City:	State:	Zip Code:	Years There: Own/Rent?
Owner Name (#2)	Title & % Ownership:	Date of Birth:	Social Security #	Home Phone #
Home Address:	City:	State:	Zip Code:	Years There: Own/Rent?

Bank Information (Complete Section and Attach Voided Check or Bank Letter):

Bank Name: _____ Routing Number: _____ Account Number: _____

Disclosure

Member Bank (Acquirer) Information: HSBC Bank USA, National Association
 Acquirer Address: Merchant Support Group, P.O. Box 4563, Buffalo, NY 14240 Acquirer Phone: 716-841-6360

Important Member Bank (Acquirer) Responsibilities

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.

Important Merchant Responsibilities

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 these specific responsibilities.

American Express

By signing below, I/We represent that the information I/We have provided on the Application is complete and accurate and I/We authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information on the Application and to receive and exchange information about me, including requesting reports from consumer reporting agencies. If I/We ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I/We understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express @CardAcceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, I/We agree to be bound by the Terms and Conditions.

Merchant's Signature: _____ Name (printed): _____ Title: _____ Date: _____

Merchant Initials _____

Merchant Name: _____

Credit/Debit Card Services and Fee Schedule*			
Check Card Swipe: %	Statement Fee: \$	Batch Fee: \$	Pass Through Plus Pricing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer Card Swipe: %	Minimum Discount: \$	Wireless Services Fee: \$	
Check Card Keyed: %	Voice Authorization Fee: \$	Monthly Internet Access: \$	Processing Rate: %
Mid-Qualified: %	Chargeback Fee: \$	Monthly GAA Access: \$	Authorization Fee: \$
Non-Qualified: %	NSF Fee: \$	Monthly Debit Access: \$	
Authorization Fee: \$	Retrieval Fee: \$	Annual Fee: \$	Daily Discount?: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Debit Rate: %	EBT (per Transaction): \$	Discount Calc: <input type="checkbox"/> Gross <input type="checkbox"/> Net
Assessments Pass Through? <input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Transaction Fee: \$	Termination Fee: \$299.00	One Time Set Up Fee: \$
	Amex/Discover Trans: \$	Other: _____ \$	One Time Encryption Fee: \$

* The foregoing fees are based upon Merchant complying with all processing requirements as established by the applicable governing authority of the payment type which qualifies Merchant for the most favorable interchange rates available for such payment type. See the Card Services Terms & Conditions for non-qualifying surcharges.

Cardholder Data Storage Compliance

Is Cardholder Data Stored? Yes No

If yes, where is Card Data Stored? Merchant CAP Only Both Merchant and Merchant CAP/VAR GAA Export Only Unknown

Name of Primary CAP/VAR? _____ Name of Secondary CAP/VAR? _____

Merchant's Signature: X _____

Acceptance of Terms & Conditions / Merchant Authorization

Your Card Services Agreement is between Global Payments Direct, Inc. ("Global Direct"), the Merchant named above, the Member named below ("Member"), and, if applicable, the Debit Sponsor named below. Member is a member of Visa, USA, Inc. ("Visa") and MasterCard International, Inc. ("MasterCard"); Global Direct is a registered independent sales organization of Visa and a member service provider of MasterCard.

A copy of the Card Services Terms and Conditions, revision number 04/05 -GP, has been provided to you. Please sign below to signify that you have received a copy of the Card Services Terms & Conditions and that you agree to all terms and conditions contained therein. If this Merchant Application is accepted for card services, Merchant agrees to comply with the Merchant Application and the Card Services Terms & Conditions as may be modified or amended in the future. If you disagree with any Card Services Terms & Conditions, do not accept service. **IF MERCHANT SUBMITS A TRANSACTION TO GLOBAL DIRECT HEREUNDER, MERCHANT WILL BE DEEMED TO HAVE ACCEPTED THE CARD SERVICES TERMS & CONDITIONS.**

By your signature below on behalf of Merchant, you certify that all information provided in this Merchant Application is true and accurate and you authorize Global Direct, and Global Direct on Member's behalf, to: (a) initiate debit entries to Merchant's checking account(s) in accordance with the Card Services Terms and Conditions, (b) initiate debit entries to Merchant's checking account(s) for the application fees described herein, and (c) order a consumer credit report on Merchant and you.

Merchant's Signature:	Name (printed):	Title:	Date:
X _____	_____	_____	_____
Merchant's Signature:	Name (printed):	Title:	Date:
X _____	_____	_____	_____
Signing for Global Payments Direct, Inc.:	Name (printed):	Title:	Date:
X _____	_____	_____	_____
Signing for Member:	Name (printed):	Name of Member (printed):	Date:
X _____	_____	HSBC Bank USA, NA	_____
Signing for Debit Sponsor:	Name (printed):	Name of Debit Sponsor:	Date:
X _____	_____	Concord EFS National Bank	_____

Personal Guaranty

I/We hereby guarantee to Global Direct, Member, and to Debit Sponsor, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services Agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Card Services Agreement made by or agreed to by Global Direct, Member, Debit Sponsor, and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by Merchant by all other notices or demands regarding the Card Services Agreement. I/We agree to promptly provide to Global Direct, Member, and/or Debit Sponsor any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships, and employment information. I/We have read, understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application

Signature of Guarantor (please sign below)	Name (printed):
X _____, an individual	X _____
Signature of Guarantor (please sign below)	Name (printed):
X _____, an individual	X _____
Signature of Witness (please sign below)	Name (printed):
X _____, an individual	X _____

Processing Information

Equipment Type:	Product Name / Description	New/Used	#	Supplied By (Agent or CBS):	Ownership Type:				Amount:
Terminal					<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchase	\$
Printer					<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchase	\$
Pin Pad					<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchase	\$
Check Reader					<input type="checkbox"/> Own			<input type="checkbox"/> Purchase	\$
Imprinter					<input type="checkbox"/> Own			<input type="checkbox"/> Purchase	\$
Other					<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Purchase	\$

Ship Equipment to: Agent/Bank Merchant **Method:** Ground 2 Day Overnight **Bill to:** Agent/Bank Merchant

Application: Retail Restaurant
 Retail w/ Debit MO/TO Tips: Yes No
 Lodging Salon/Retail w/ Tips Server: Yes No

Internet Gateway: Activated by CBS
 Activated by Agent Activated by Merchant
 Existing Login if Currently Active: _____

Processing Method: EDC Touchtone/ARU
Network: East Central Vital

Gateway/VAR Order: Gateway/VAR Name: _____
 Communications: IP (Internet) Dial Number of TIDs: _____
 Product/Version: _____ Settlement: Terminal Host

Check Services: None
 Existing New (Application Attached)
 Existing Check TID: _____

Gift Card: None
 Existing New (Application Attached)
 Existing Gift Card TID: _____

Additional Card Types:
 American Express: Add Current # _____
 Discover: Add Current # _____
 Diners Club*: Add Current # _____

Wireless Terminal Information: *All new Diners Club accounts established with a discount rate of 2.90%

Terminal Serial #: _____ MAN #: _____ ESN #: _____ GPRS #: _____

GAA Access: Yes No If Yes, Username: _____ Email Address: _____

Fax Chargeback and Retrieval Information to Merchant: Yes No

Merchant Site Survey Report (Must be Completed by Sales Representative)

Merchant Location: Retail Location with Store Front Office Building Residence Other _____
 Surrounding Area: Commercial Industrial Residential

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? Yes No

If no, explain: _____ The Merchant: Owns Leases the business premises

Further comments by Inspector (must complete): _____

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and inspected by (print name): _____
 Representative Name: _____ Representative Signature: X _____ Date: _____

Additional Operations/Underwriting/Risk Notes: _____

For Debit Sponsor Contact:
 Concord EFS National Bank
 2525 Horizon Lake Drive
 Suite 120
 Memphis, TN 38133
 901-371-8000