



620 Newport Center Dr, # 150
Newport Beach, CA 92660

Merchant Application and Agreement

OFFICE:			
REP:			
MID:		SIC:	

Sponsor Bank: KeyBank National Association, Cleveland, OH

BUSINESS INFORMATION

Legal Name:	Phone #:	Fax #:
DBA (Doing Business As):	Statement Mailing address:	
Location/Site Address:	City:	State: Zip:
City: State: Zip:	Federal Tax ID Number:	
Contact Person:	Number of Locations:	Email:

OWNERS/PARTNERS/OFFICERS

1) Name (print):	Title:	Equity/Ownership:	%
Date of Birth:	Social Security #:	Home Phone:	
Home Address:	City:	State:	Zip:
2) Name (print):	Title:	Equity/Ownership:	%
Date of Birth:	Social Security #:	Home Phone:	
Home Address:	City:	State:	Zip:

MERCHANT PROFILE SECTION

VISA/MASTERCARD INFORMATION

Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Number of Years in Business: <input type="text"/> Length of Current Ownership: <input type="text"/>	Other currently/previously owned businesses: _____	Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Discharged: _____	Do you currently accept VISA/MasterCard? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must submit 3 most current statements)	Do you wish to accept: EBT cards? <input type="checkbox"/> Yes <input type="checkbox"/> No Debit/ATM cards <input type="checkbox"/> Yes (requires a pin pad) <input type="checkbox"/> No	Seasonal Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list months: _____	Has this business or any associated principal been terminated as a VISA/MasterCard Merchant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Methods of Marketing: <input type="checkbox"/> Newspaper/Magazines <input type="checkbox"/> Internet <input type="checkbox"/> Television/Radio <input type="checkbox"/> Direct Mail, Brochure & Catalogs <input type="checkbox"/> Telemarketing Sales	Detailed Description of Products/Services Sold: _____	Do you currently process with ACH? <input type="checkbox"/> Yes <input type="checkbox"/> No Average ACH item: _____ Annual ACH Volume: _____	If yes, name of current processor: _____
Percentage of monthly volume for:										If internet related, list web address:	
Telephone Orders: _____ Mail and/or Fax Orders: _____ Internet Orders: _____										WWW. _____	

COMPLETE THIS SECTION FOR ALL MERCHANTS PROCESSING WITH 20% OR MORE KEYED VOLUME

ADDITIONAL SERVICES

<input type="checkbox"/> Gift/Loyalty Card	<input type="checkbox"/> AVS Required	<input type="checkbox"/> Check Guarantee	Company: _____
<input type="checkbox"/> New American Express Account	<input type="checkbox"/> Existing AMEX Merchant	Account # _____	
<input type="checkbox"/> New Discover Account	<input type="checkbox"/> Existing Discover Merchant	Account # _____	
<input type="checkbox"/> New Diners Club Account	<input type="checkbox"/> Existing Diners Club Merchant	Account # _____	
<input type="checkbox"/> New _____	<input type="checkbox"/> Existing _____	Account # _____	

INTERNET MERCHANT INFORMATION

External Gateway (not supplied by PRI): <input type="checkbox"/>	<input type="checkbox"/> PRI Skipjack
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Sponsor Bank: KeyBank National Assoc.

Merchant: _____

SCHEDULE OF PROCESSING CHARGES					
Application/Setup Fee: \$		Monthly Statement Fee: \$		Monthly Minimum Fee: \$	
Visa/MasterCard Qualified Discount Rate	%	Authorization/transaction Fee: \$		Batch Closure Fee: \$.20
<small>Mid-qualified transactions will be assessed 1.04% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non-qualified transactions will be assessed 1.64% above the qualified discount rate. Corporate Cards and Corporate Purchase Cards will be assessed 1.64% above the qualified discount rate. Maintenance fee of \$5.00 per month applies to all accounts. Address Verification Service adds \$.15 to Authorization Fee.</small>					
Debit Access Fee: \$		Debit Per Item Fee: \$		Monthly Wireless Service Fee: \$15.00	Activation Fee: \$
OTHER FEES:					
Chargeback fee	\$35.00	ea.	Investigation Fee	\$25.00	ea item or 10% monthly of amt. Investigated
Request for Copy (retrieval)	\$15.00	ea.	ACH Returned item Fee	\$25.00	ea.
Voice Authorization	\$1.50	ea.	Checking Account Change	\$25.00	ea.
Average Ticket Size: (for VISA/MasterCard ONLY)	\$	Monthly Visa/MasterCard Sales Volume:	\$		
<small>Each applicant certifies that the above average ticket size and monthly sales volume is accurate and acknowledges that any significant variance from this information could result in delayed or withheld settlement of funds and/or assessment of additional fees. Authorization & batch Closure for American Express, Discover, Diners and/or JCB \$0.30 per item.</small>					
There is a \$15.00 fee to add AmEx, Discover, Diners, JCB Processing and Debit Card to your merchant account after initial set-up.					
ACH Fee (CounterCheck/ e-Check/ Billing Central)					
Item Fee: \$	_____ and _____ % each item	Returned item Fee: \$	_____ each rejected or corrected item	Monthly Minimum: \$	_____
Overdraft Fee: \$25.00 each occurrence		Inquiry Fee: \$5.00		Monthly Fee: \$	_____

SCHEDULE OF PROGRAM FEES		
Counter Check™		
Initial Setup Fee: \$	Per Transaction Fee: \$	Monthly Fee: \$
TRANSACTION CENTRAL™		
Initial Setup Fee: \$	Gateway Per Transaction Fee: \$	Monthly Fee: \$
BILLING CENTRAL™		
Initial Setup Fee: \$	Gateway Per Transaction Fee: \$	Monthly Fee: \$ 35.00
WEBCONNECT™ (includes Transaction Central)		
Software License Fee: \$	Gateway Per Transaction Fee: \$ 0.10	Monthly Fee: \$
ECShop™ (includes Transaction Central)		
Initial Setup Fee: \$	Gateway Per Transaction Fee: \$	<input type="checkbox"/> ECShop Lite Monthly Fee: \$ 25.00 <input type="checkbox"/> ShopLink Monthly Fee: \$
Gift Card – Loyalty Card Program		
Initial Setup Fee \$	Additional Cards @ \$ _____ per 50 cards	Multi Location Tracking Software \$ _____
e-Merchant View™ (online reporting)		Monthly Fee: \$ 10.00 / user

PERSONAL GUARANTEE	
<small>The undersigned unconditionally guarantees to Bank and PRI the performance of this Agreement by Merchant, including paying of all sums due and owing and any attorneys' fees and costs associated with enforcement of the terms thereof. Bank or PRI shall not be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guaranty and shall not be discharged or affected by the bankruptcy of the undersigned, shall bind the successors, administrators, representatives and assigns and may be for the benefit of any successor of Bank or PRI. The term of this guaranty shall be for the duration of the BankCard Merchant Agreement and for any period thereafter during which any rights of offset or chargeback of transaction of the undersigned remain valid under the applicable Card Association regulations.</small>	
Guarantor: X _____ Date: ____/____/____	Co-Guarantor: X _____ Date: ____/____/____
AUTHORIZED SIGNER FOR BUSINESS	
<small>By signing below, Merchant (I) represents that the information provided by Merchants in this Bank Card Merchant agreement is true, complete and not misleading; (ii) acknowledges that Merchant has read and understands the Terms and Conditions and Operating Procedures attached hereto and incorporated herein by this reference and agrees to be bound by their terms; and (iii) authorizes Bank or PRI and their agents to credit and debit the Merchant's Account in accordance with this Agreement and represents and warrants to Bank and PRI that the party signing this agreement is authorized to do so and to act on behalf of the Merchant in the performance thereof.</small>	
<small>INVESTIGATIVE CONSUMER REPORT: An investigative or Consumer Report will be made in connection with this application. Undersigned authorizes Bank and PRI or any credit bureau or any credit reporting agency employed by PRI or any agents of PRI to investigate the references given or any other statements or data obtained from Merchant, or any of the undersigned principals.</small>	
Merchant	
Owner/Officer Signature: X _____ Title: _____ Date: ____/____/____	
FOR ALL CORPORATIONS - Corporate Resolution	
<small>The indicated officer identified above has the authorization to execute the Merchant Processing Agreement with Bank and PRI on behalf of the here within named corporation.</small>	
Secretary of the Board: X _____ Date: ____/____/____	

PAYMENT RESOURCES ACCEPTANCE		
Application Approved By: FOR BANK USE ONLY	Title: _____	Date: ____/____/____
Application Approved By:	Title: _____	Date: ____/____/____

Merchant: _____

REFERENCES

TRADE:

1. Name: _____ Contact: _____ Phone: _____

2. Name: _____ Contact: _____ Phone: _____

BANK:

Bank Name: _____ Contact: _____ Phone: _____

Bank Routing Number: _____ Bank Account Number: _____

SITE INSPECTION

The Merchant: _____ Landlord Telephone #: _____ Landlord Name: _____
 Owns Leases the business premises

Merchant Location: Retail Store Front Office/Warehouse Residential Internet Other

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

I hereby certify that I have inspected the business premises of the merchant at this address and this survey is correct to the best of my knowledge.

Inspected by: _____ Title: _____ Date: _____

HARDWARE/SOFTWARE **TERMINAL PROGRAM**

Terminal Type: _____	QTY: _____	<input type="checkbox"/> Retail (80% Swiped)	Dial Out Codes
Printer <input type="checkbox"/> Model: _____		<input type="checkbox"/> Restaurant (w/ tip program)	<input type="checkbox"/> None
Pin Pad <input type="checkbox"/> Model: _____		<input type="checkbox"/> MOTO (AVS Required)	<input type="checkbox"/> "8"
Check Reader <input type="checkbox"/> Model: _____		<input type="checkbox"/> Purchase Card	<input type="checkbox"/> "9"
Card Reader <input type="checkbox"/> Model: _____		<input type="checkbox"/> Lodging	<input type="checkbox"/> Other
P.C. Software <input type="checkbox"/> (Manual Close Only) Software Name: _____		Wireless Provider: _____	

List equipment to be provided by PRI: _____

Number of Imprinter Plates Needed Ship **Welcome Kit Only** Equipment is: **Reprogram** **Provided by PRI** Ship to: Merchant Office

Payment Amount \$ _____ Ship Address: _____
via: Credit Card Check ACH to sales office

Name on Acct. _____
Acct. # _____ Exp. _____

Lease Lease Co Phone # _____

Call merchant for download training Phone # _____ Contact: _____

Comments: _____

Merchant Documentation Requirements:

- Signed Merchant Application and Agreement including Signed Resolution and Signed Personal Guaranty by principals
- Photos of location or brochures, business cards or other identifying business information on the Merchant. For an Internet Business, a printout of the Merchant's web page
- Copy of voided Check
- All Web Site URLs, Passwords and Domain Names
- Financial statements for Merchants processing over \$50,000 in monthly Merchant sales volume
- 3 months of merchant statements from previous processing
- Photocopy of driver's license
- Additional setup form (ECShop, Gift/Loyalty Card, American Express, Discover)