



Merchant Application and Agreement

2900 Bristol Street, Suite F-206
Costa Mesa, CA 92626

Sponsor Bank: Wells Fargo Bank, N.A., Walnut Creek, CA

OFFICE:	
REP:	
MID:	SIC:

BUSINESS INFORMATION

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

OWNERS/PARTNERS/OFFICERS

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

MERCHANT PROFILE SECTION

Type of Ownership: Sole Proprietor Partnership Corporation (State of Incorp: ____)

Other _____

Number of Years in Business Length of Current Ownership:

Other currently/previously owned businesses _____

Prior Bankruptcy? Yes No Date Discharged: _____

Do you currently accept Visa/MasterCard/Discover® Network? Yes (If yes, submit 3 most current statements) No

Do you wish to accept EBT cards? Yes No EBT#: _____ Debit/ATM cards Yes (requires a pin pad) No

Seasonal Business? Yes No If yes, list months: _____

Name of Previous Processor: _____ Reason for Leaving: _____ Date: _____

Methods of Marketing: Newspaper/Magazines Internet TV/Radio Direct Mail/Catalogs Telemarketing Web Site: http://_____

Who Performs the Product/Service Fulfillment? Name: _____ Address: _____ Phone: _____

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 charged (check one): Date of order Date of delivery Other (specify): _____

Detailed Description of Products/Services Sold: _____

VISA/MASTERCARD INFORMATION

MERCHANT TYPE		VISA/MasterCard Sales Profile	
<input type="checkbox"/> Retail Outlet	Credit Cards Swiped:		%
<input type="checkbox"/> Restaurant/Food	Mail Order:		%
<input type="checkbox"/> Mail/Telephone Order Only	Phone Order:		%
<input type="checkbox"/> Home Business, Trade Fairs	Internet:		%
<input type="checkbox"/> Outside Sales/Service, Other, Etc	Tradeshows:		%
<input type="checkbox"/> Internet			
<input type="checkbox"/> Lodging	Merchant Receives Imprint On Keyed Transactions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MUST TOTAL 100%

CARDFLEX PAYROLL MASTERCARD SERVICES

CardFlex™ Payroll MasterCard Services

Initial Setup Fee: \$ _____ Monthly Fee: \$ _____

INVESTIGATIVE CONSUMER REPORT: Pursuant to requirement of law, including the USA PATRIOT ACT, CardFlex will take necessary actions to verify your identity and the identity of your business. An investigative or Consumer Report will be made in connection with this application. Undersigned authorizes Bank and CardFlex or any credit bureau or any reporting agency employed by CardFlex or any agents of CardFlex to investigate the references given or any other statements or data obtained from the Client or any of the undersigned principals.

ACCEPT ALL MASTERCARD, VISA AND DISCOVER NETWORK TRANSACTIONS

Presumed, unless any selections below are checked. See Section 1.9 of the Program Guide for details regarding limited acceptance.

MasterCard Acceptance	Visa Acceptance	Discover Network Acceptance
<input type="checkbox"/> Accept MC Credit transactions <u>only</u>	<input type="checkbox"/> Accept Visa Credit transactions <u>only</u>	<input type="checkbox"/> Accept Discover Network Credit transactions <u>only</u>
<input type="checkbox"/> Accept MC Non-PIN Debit transactions <u>only</u>	<input type="checkbox"/> Accept Visa Non-PIN Debit transactions <u>only</u>	<input type="checkbox"/> Accept Discover Network Non-PIN Debit transactions <u>only</u>

ADDITIONAL SERVICES

Gift/Loyalty Card AVS Required Check Guarantee Company: _____

New American Express Account Existing AMEX Merchant Account #: _____

New Diners Club Account Existing Diners Club Merchant Account #: _____

New _____ Existing _____ Account #: _____

INTERNET MERCHANT INFORMATION

External Gateway (not supplied by CFS): _____

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: \$
Mid-qualified transactions will be assessed 1.13% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non qualified transactions will be assessed 1.80% above the qualified discount rate. Corporate Cards and Corporate Purchase Cards will be assessed 1.80% above the qualified discount rate. Maintenance fee of \$5.00 per month applied to all accounts. Address Verification Services Adds \$0.15 to Authorization Fee			
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. PCI Fee: \$			
Voice Authorization \$1.50 ea. Checking Account Change \$25.00 ea.			
Average Ticket Size: (for VISA/MasterCard/Discover Network)	\$	Monthly Visa/MasterCard/Discover Network	\$
			Last 3 Month Average for Visa/MasterCard/Discover Network
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 fund and or assessment of additional fees. Authorization & Batch Closure for American Express, Discover and/or JCB \$0.30 per item. There is a \$15.00 fee to add AMEX, Diners, JCB Processing and Debit Card to your merchant account after initial set-up.			
GRID INFORMATION (INTERNAL USE ONLY):			
		Authorization Grid ID#:	User Defined Grid ID #:
ACH Fee			
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	
<input type="checkbox"/> CardFlex Payment Gateway	
Initial Setup Fee: \$ _____	Gateway Per Transaction Fee: \$ _____ Monthly Fee: \$ _____

PERSONAL GUARANTEE	
The undersigned guarantees to CardFlex Financial Services, LLC and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. CardFlex Financial Services, LLC and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of CardFlex Financial Services, LLC and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.	
Guarantor X Date: __/__/____	Co-Guarantor X Date: __/__/____

AUTHORIZED SIGNER FOR BUSINESS	
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 MC, Visa and Discover Tiered Grid ID Numbers, Program Guide (Version CFS1106) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. 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 Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement as Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes CardFlex Financial Services, LLC and Wells Fargo Bank, N.A. ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes CardFlex Financial Services, LLC and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. 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. 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 CardFlex Financial Services, LLC and Bank.	
Owner/Officer Signature: X	Title: _____ Date: __/__/____
FOR ALL CORPORATIONS – Corporate Resolution	
The indicated office identified above has the authorization to execute the Merchant Processing Agreement with Bank and PMS on behalf of the here within named corporation.	
Secretary of the Board: X	Date: __/__/____

CARDFLEX FINANCIAL SERVICES ACCEPTANCE		
Application Approved By:	Title:	Date: __/__/____
WELLS FARGO BANK, N.A. ACCEPTANCE		
Application Approved By:	Title:	Date: __/__/____

Merchant: _____

TRADE REFERENCES					
1. Name:	Contact:	Phone:			
2. Name:	Contact:	Phone:			
BANK INFORMATION					
Bank Name:	Contact:	Phone:			
Bank Routing Number:	Bank Account Number:				
SITE INSPECTION					
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the business premises Landlord Name: _____ Landlord Telephone #: _____					
Merchant Location: <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Office/Warehouse <input type="checkbox"/> Residential <input type="checkbox"/> Internet <input type="checkbox"/> Other					
Does the amount of inventory and merchandise on the shelves appear consistent with type of business? <input type="checkbox"/> Yes <input type="checkbox"/> 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		
	QTY	TOTAL	SPECIFICATIONS	DIAL OUT CODES	
Terminal <input type="checkbox"/> Model: _____	_____	\$ _____	<input type="checkbox"/> Retail (80% Swiped)	<input type="checkbox"/> Purchase Card	<input type="checkbox"/> None
Printer <input type="checkbox"/> Model: _____	_____	\$ _____	<input type="checkbox"/> Retail w/ Tip	<input type="checkbox"/> Lodging	<input type="checkbox"/> "8"
Pin Pad <input type="checkbox"/> Model: _____	_____	\$ _____	<input type="checkbox"/> 4 Digit Verification	<input type="checkbox"/> AVS	<input type="checkbox"/> "9"
Check Reader <input type="checkbox"/> Model: _____	_____	\$ _____	<input type="checkbox"/> Restaurant (w/ tip program)	<input type="checkbox"/> Invoice #	<input type="checkbox"/> Other
P.C. Software <input type="checkbox"/> Model: _____	_____	\$ _____	<input type="checkbox"/> MOTO (AVS Required)	<input type="checkbox"/> Server ID	<input type="checkbox"/> Auto Close Time _____
Do you use a Third Party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide their name and address: _____					
LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Mos. Annual Tax Handling Fee: <u>10.20</u>					
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.)					
					Client Initials: _____
Number of Imprinter Plates _____ <input type="checkbox"/> Ship Welcome Kit Only		Equipment is: <input type="checkbox"/> Reprogram <input type="checkbox"/> Provided by PMS Ship to: <input type="checkbox"/> Merchant <input type="checkbox"/> Office			
Call merchant for <input type="checkbox"/> download <input type="checkbox"/> training Contact: _____			Phone Number: _____		
PAYMENT INFORMATION			SHIPPING INFORMATION		
<input type="checkbox"/> Please charge my Credit Card Card #: _____ Expiration: _____ CVV2#: _____			<input type="checkbox"/> Please ship to the following address Street: _____ City: _____ State: _____ Zip: _____ Shipping Location Phone Number: _____		
<input type="checkbox"/> Please debit my checking account Routing #: _____ Account #: _____					

Comments: _____

Merchant Documentation Requirements:

- Signed Merchant Application and Agreement including Signed Resolution and Sign 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 (Gift/Loyalty Card, American Express, Discover)