

Additional Location: _____	Name: _____	MCC Code: _____
TID #: _____	MID #: _____	Recvd Date: _____

section 1) business information	MBN1501 BASIC
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Name of Ownership Entity (Legal Name)			Name of Business (Doing Business As / Same as Signage)		
Corporate / Billing Address			Location Address (attach additional locations)		
City	State	Zip	City	State	Zip
Phone #	Federal Tax ID		Phone #	Fax #	
Name (as it appears on your income tax return) <input type="checkbox"/> I certify that I am a foreign entity/ nonresident alien (If checked, please attach IRS Form W-8)					
NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS Regulations (See Part III, Section A.3 of your Program Guide for further information.)					
Web Address		Email Address		Contact Name	

section 2) merchant information	Check One: <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> HOME <input type="checkbox"/> MO/TO <input type="checkbox"/> INTERNET
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<input type="checkbox"/> NEW ACCOUNTS	Have you been placed on the "CTMF" (Combined Terminated Merchant File) or the "CMNF" (Consortium Merchant Negative File) <input type="checkbox"/> YES or <input type="checkbox"/> NO	Describe business detail to include products and services:			
<input type="checkbox"/> RE-PROGRAMS					
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	TYPE OF CORPORATION:		STATE OF INCORPORATION:
Do you use any third party to store, process, or transmit cardholder data? If so list name/address: <input type="checkbox"/> YES or <input type="checkbox"/> NO			Please list any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests:		
How long in Present Business? YEARS MONTHS		Previous VISA/MC/Discover® Network Processor/Bank Name: (attach most current merchant statements)			

section 3) principal individual #1	% ownership
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Last Name		First Name		MI	Title
Residence Address			City	State	Zip
Home Phone #	Social Security #	DOB	Driver's License #	State	

section 4) principal individual #2	% ownership
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Last Name		First Name		MI	Title
Residence Address			City	State	Zip
Home Phone #	Social Security #	DOB	Driver's License #	State	

section 5) trade references / settlement information (please attach voided check)			
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Trade (Business)	Address	Contact	Phone #
Trade (Business)	Address	Contact	Phone #
Bank Name (Checking)	Address	Account #	Phone #

section 6) processing and agreement volume			(for internal use only) <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
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AVG TICKET \$	MAX TICKET \$	MONTHLY VISA/MC/DISCOVER NETWORK VOLUME \$	PEAK SEASON VISA/MC/DISCOVER NETWORK VOL. \$
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section 7) terminal information	<input type="checkbox"/> REPROGRAM <input type="checkbox"/> PURCHASE/LEASE (MBN) <input type="checkbox"/> LEASE
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<input type="checkbox"/> OMAHA <input type="checkbox"/> NASHVILLE <input type="checkbox"/> CARDNET <input type="checkbox"/> BUYPASS <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> MO/TO <input type="checkbox"/> RETAIL TIP <input type="checkbox"/> QUICK SERVE REST W/TIP <input type="checkbox"/> HOTEL		FIRST DATA GLOBAL LEASING: <input type="checkbox"/> YES or <input type="checkbox"/> NO	LEASE TERM: _____	MONTHS
Terminal Type: _____		Printer Type: _____		
Software Type: _____		Other: _____		
APPLY FOR: <input type="checkbox"/> AMEX		ENTITLEMENT SERVICES		MERCHANT NUMBER
INTERNET GATEWAY: <input type="checkbox"/> YOUR PAY.com		Other: _____		
<input type="checkbox"/> SWIPED % <input type="checkbox"/> IMPRINT/KEYED %		<input type="checkbox"/> AMERICAN EXPRESS #		
<input type="checkbox"/> MO/TO % <input type="checkbox"/> INTERNET % = 100%		<input type="checkbox"/> DINERS CLUB/CARTE BLANCHE #		
<input type="checkbox"/> TELECHECK (SPLIT DIAL) <input type="checkbox"/> LICENSE # OR <input type="checkbox"/> MMICR <input type="checkbox"/> GUARANTEE <input type="checkbox"/> ECA		<input type="checkbox"/> ICB #		
		<input type="checkbox"/> TELECHECK SE# #		

section 8) merchant site survey report (to be completed by Independent Agent)					
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MERCHANT LOCATION: <input type="checkbox"/> STORE FRONT <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER				The Merchant: <input type="checkbox"/> OWNS <input type="checkbox"/> LEASES building premises	
Landlord Name: _____			Landlord Phone #: _____		
YES	NO	Merchant appears to be conducting business as represented in the application.	YES	NO	Have you taken pictures inside and outside of the premises?
<input type="checkbox"/>	<input type="checkbox"/>	Merchant is adequately staffed and stocked to do business.	<input type="checkbox"/>	<input type="checkbox"/>	Have you confirmed the identity of the person who signed the contract?
<input type="checkbox"/>	<input type="checkbox"/>	Merchant has posted any business license(s) required to do business.	<input type="checkbox"/>	<input type="checkbox"/>	Have you confirmed the signer as owner and/or principal of the business?

COMMENTS:

I hereby verify that I have physically inspected the business premises of the merchant at this address. I also verify that all information submitted in this application is correct to the best of my knowledge.

Inspected By / Sales Representative (print name)

Branch #

Signature

Date

section 9) service fee schedule

It is presumed you will ACCEPT ALL VISA, MASTERCARD and DISCOVER TRANSACTIONS, unless any selections below are checked

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

MASTERCARD	<input type="checkbox"/> Accept MasterCard CREDIT Transactions ONLY	VISA	<input type="checkbox"/> Accept Visa CREDIT Transactions ONLY
	<input type="checkbox"/> Accept MasterCard Non-PIN DEBIT Transactions ONLY		<input type="checkbox"/> Accept Visa Non-PIN DEBIT Transactions ONLY
DISCOVER NETWORK	<input type="checkbox"/> Accept Discover Network CREDIT Transactions ONLY	<input type="checkbox"/> Pass Through MasterCard, Visa & Discover Interchange Including Dues & Assessments	<input type="checkbox"/> Tiered
	<input type="checkbox"/> Accept Discover Network Non-PIN DEBIT Transactions ONLY	<input type="checkbox"/> Pass Through MasterCard, Visa & Discover Dues & Assessments	<input type="checkbox"/> Enhanced Recovery Reduced (ERR) Rate

discount fees (Based on Gross Sales Volume)

FEE CATEGORY	DISCOUNT RATE	TRANSACTION FEE	ERR%
Visa/MC/Discover Network QUAL CREDIT	%	\$	%
Visa/MC/Discover Network MID-QUAL CREDIT	%	\$	N/A
Visa/MC/Discover Network NON-QUAL CREDIT	%	\$	N/A
Visa/MC/Discover Network QUAL DEBIT	%	\$	%
Visa/MC/Discover Network MID-QUAL DEBIT	%	\$	N/A
Visa/MC/Discover Network NON-QUAL DEBIT	%	\$	N/A

american express rates

<input type="checkbox"/> American Express Discount Rate _____ or <input type="checkbox"/> American Express Monthly Flat Fee - \$7.95	RETAIL <input type="checkbox"/> 0.30% CNP Downgrade Fee	SERVICES, WHOLESALE <input type="checkbox"/> \$0.15 Trans Fee
Estimated \$ Annual American Express Charge Volume	Estimated \$ Average Ticket	RESTAURANT <input type="checkbox"/> 0.30% CNP Downgrade Fee
<input type="checkbox"/> Daily Gross Pay	<input type="checkbox"/> Monthly Gross Pay (+ 0.03% if \$100K +)	RETAIL <input type="checkbox"/> \$0.10 Trans Fee
		<input type="checkbox"/> Pay Frequency: <input type="checkbox"/> 3 Day <input type="checkbox"/> 15 Day <input type="checkbox"/> 30 Day

authorization & capture transaction fees (fee per item)

VISA/MC/DISCOVER NETWORK AUTH FEE \$	AMERICAN EXPRESS \$	BATCH FEE \$
DINER'S \$	TRANSARMOR AUTH FEE \$	JCB \$
GATEWAY TRANS FEE \$	WIRELESS TRANS FEE \$	

monthly fees

MIN. MONTHLY FEE \$ per location	E-MERCHANT VIEW \$ per location
STATEMENT FEE \$ per statement	INTERNET ACCESS FEE \$ per website
WIRELESS FEE \$ per location	

telecheck rates & fees yes no

pin debit yes no

Inquiry Rate %	ACH Processing Fee \$ 5.00	PIN Debit Fee (per transaction) \$
December Risk Surcharge 0.10 %	Client Requested Operator Call (CROC) \$ 2.50	Debit Access Fee (per location) \$
Per Transaction Fee \$	ECA Chargeback Fee \$ 5.00 <small>(only charged when entitled with Telecheck)</small>	<input checked="" type="checkbox"/> Plus Debit Network Processing Fees Pin Debit Other Volume Percentage %
Monthly Minimum Fee \$ per location	Statement/Processing Fee \$ 5.00	

ebt fees

EBT Fees (per transaction) \$	Monthly Access Fee \$	EBT (SNAP/FNS) Number: <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash Benefits
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other fees

PCI Compliance Monthly Fee \$	Cost Plus %	Other Volume %	Early Termination Fee \$
IRS TIN Processing Monthly Fee \$	IRS TIN Non Compliance Monthly Fee \$	Application Fee \$	Annual Membership Fee \$
One-Time Admin Fee \$	EZmobilebiz Monthly Fee* \$		EZmobilebiz One Time Fee* \$

*Refer to Ezmobilebiz Merchant Agreement for Terms and Conditions

fleet rates & fees

WRIGHT EXPRESS: Other Item Rate \$ per item	VOYAGER: QUAL %	Other Item Rate \$ per item
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miscellaneous fees

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Checking Account (DDA Change) - \$25.00, ACH Reject Fee- \$25.00, Chargeback Fee (per item) - \$25.00, Documentation - \$2.00 per page, Research/investigation Fee - \$150.00 per hour (\$25.00 minimum), 3rd Party Help Desk Calls - \$6.00 per call, Retrieval Fee - \$10.00 per item, Merchant Club - \$12.95 per location, Voice Authorization - \$0.95 per item, Electronic AVS Fee - \$0.05 per item, Voice AVS Fees - \$2.25 per item, Annual Membership - \$89.00 applies unless otherwise indicated in higher above field. Pass through Card Association fees at cost for the following: MasterCard Processing Integrity Fee; MasterCard National Acquirer Brand Usage (NABU) Fee; MasterCard Cross Border Fee; MasterCard Acquirer Support Fee; Visa Misuse of Authorization Fee; Visa Zero Floor Limit Fee; Visa Acquirer Processing Fee; Visa International Acquirer Fee; Visa ACQ ISA Fee; Discover International Processing & Service Fee; Discover Data Usage Charge. Authorize Net Gateway - \$0.05 per transaction for monthly volume over \$5,000. In the event that Client terminates or breaches the terms of this Agreement before the end of the initial three (3) year term or during any subsequent term, Client shall be obligated to immediately pay Acquirer or its representative, as liquidated damages, an early termination fee in addition to any other monthly fees in the Merchant Processing Agreement for the remaining term of the Agreement.

section 10) guaranty

The undersigned guarantees to Processor and Bank the performance of this Agreement, TeleCheck Services 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. Processor 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 Processor 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.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

_____	_____	_____	_____
SIGNATURE OF PERSONAL GUARANTOR (No Title)	DATE	SIGNATURE OF CO-PERSONAL GUARANTOR (No Title)	DATE

section 11) merchant acceptance

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 Network Tiered Grid ID Numbers, Program Guide (Version MBN1501) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-11), 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 Processing Volume section in this Merchant Processing Application, 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 34, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes Processor 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 Processor 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. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. 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 for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Merchants Bancard Network and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Merchants Bancard Network (MBN) and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for MBN to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the MBN servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. 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 Agreement."

If MBN does not approve Client for a Merchant Processing Agreement in connection with this Application, Client hereby consents to forwarding all information contained in this application, as well as all other information disclosed by Client in connection with this application to First Data Merchant Services, for the purpose of considering Client for a merchant processing account subject to the same terms, conditions and pricing. 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 Processor and Bank.

_____	_____	_____	_____
SIGNATURE OWNER / AUTHORIZED OFFICER NO.1	TITLE	PRINT NAME	DATE
_____	_____	_____	_____
SIGNATURE OWNER / AUTHORIZED OFFICER NO.2	TITLE	PRINT NAME	DATE

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

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_____ PRINT NAME			
_____	_____	_____	_____
SIGNATURE OF AUTHORIZED OFFICER MBN	TITLE	DATE	
_____	_____	_____	_____
SIGNATURE OF AUTHORIZED OFFICER ACQUIRER	TITLE	DATE	