

**MERCHANT BANKCARD APPLICATION/PROCESSING AGREEMENT (Federal Regulations require we collect information to verify customer identity and we retain this information in our records)**

Corporate Name:		DBA Name:	
Corporate Street Address:		Location Street Address (No P.O. Box)	
Corporate Location City, State, Zip:		Location City, State, Zip:	
Corporate Phone:		Location Phone:	
Corporate Fax:	Cell:	E-mail Address for Correspondence:	
Website Address: http://		Fed Tax ID:	<input type="checkbox"/> E-mail Monthly Statements <input type="checkbox"/> E-mail Daily Statements <input type="checkbox"/> Paper Statements <b>Mail Statements to:</b> <input type="checkbox"/> Corporate <input type="checkbox"/> DBA
Contact Name and Title:		Mail to Other Address:	<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Other: _____
Type of Goods/Services Sold:		Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Address Since:
Has Merchant ever accepted MasterCard/Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Opened Date:	Owned Since:
Has Merchant ever been terminated by another processor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**OWNERS/OFFICERS INFORMATION (PARTNERSHIP MUST REFLECT 51% OR MORE OWNERSHIP)**

<b>Owner 1 Name:</b>	Title:	Social Security #:	
Current Address:	City, State, Zip	Phone:	
Previous Address:	City, State, Zip	Date of Birth:	% of Ownership
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<b>Owner 2 Name:</b>	Title:	Social Security #:	
Current Address:	City, State, Zip	Phone:	
Previous Address:	City, State, Zip:	Date of Birth:	% of Ownership

**BANK ACCOUNT INFORMATION**

Bank Name:		Bank Contact:	
Bank Phone#	Routing #	Account #	Date Account Opened

**ADDITIONAL CREDIT CARD OPTIONS (Please refer to the Sterling Payment Technologies' Terms and Conditions booklet for terms and conditions governing each product)**

American Express	Existing #	Order New Amex #	Order Reverse PIP
I understand that the terms and conditions for American Express card acceptance will be sent to the business entity indicated above with the welcome letter upon approval of such entity to accept the American Express card by American Express Travel Related Services Company, Inc. By accepting the American Express card for the purchase of goods and/or services, such business entity agrees to be bound by the Terms and Conditions.			
Discover	Existing #	Order New Discover #	

**MERCHANT SITE SURVEY**

**Merchant**  Owns  Leases the premises Provide name and phone # of landlord if merchant location is leased \_\_\_\_\_

I hereby certify that I have physically inspected the business premises of the merchant at this address, or I am attaching the following documents:  Business License  Copy of Drivers License  Phone Bill  Sales Invoices, Ads, etc.

<b>Merchant Location Type</b> <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Residence <input type="checkbox"/> Office Building <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____	Merchant appears to be conducting business as represented in application? <input type="checkbox"/> Yes <input type="checkbox"/> No Merchant is adequately staffed and stocked to do business? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you taken pictures of the inside and outside of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you confirmed the identity of the person who signed the application? <input type="checkbox"/> Yes <input type="checkbox"/> No	PRINT NAME: _____  SIGNATURE: _____ DATE _____
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**EQUIPMENT SET UP INFORMATION**

<b>Hardware Terminals</b> VeriFone: _____ Hypercom: <input type="checkbox"/> Friction <input type="checkbox"/> Thermal Nurit: <input type="checkbox"/> NOS 6 <input type="checkbox"/> NOS 7 Ingenico: _____ Other: _____ Wireless* _____ <small>*Attach Wireless Addendum Form</small>	<b>Software Terminals</b> <input type="checkbox"/> OnCall CAPTURE <input type="checkbox"/> SPOT PC Software (include version) _____	<b>Peripherals</b> Printer Type: _____ Contactless: <input type="checkbox"/> OTI Saturn <input type="checkbox"/> ViVOpay 3000/4000 Other: _____ PIN Pads: _____	<b>Connection Type</b> <input type="checkbox"/> Dial/Access # _____ <input type="checkbox"/> NETePay _____ <input type="checkbox"/> High Speed (IP) _____ <input type="checkbox"/> Mobile - CDMA _____ <input type="checkbox"/> Mobile - GPRS _____	<b>Industry Type</b> Retail: <input type="checkbox"/> (HCS) <input type="checkbox"/> (TCS) <input type="checkbox"/> MOTO (HCS) <input type="checkbox"/> Restaurant (TCS) <input type="checkbox"/> Lodging (TCS) <input type="checkbox"/> Auto Rental (TCS) Retail Tip: <input type="checkbox"/> (HCS) <input type="checkbox"/> (TCS) <input type="checkbox"/> Fleet Fuel (HCS) <input type="checkbox"/> Fleet Service (HCS)	<b>Batch Closure Request</b> • Host Capture Auto Close (HCS defaults to 5am ET) <input type="checkbox"/> Off • Terminal Capture (Default is manual close) <input type="checkbox"/> On <input type="checkbox"/> Off Upload Time (ET) Military Time _____ <b>Standard Features</b> • Address Verification (Default is On) <input type="checkbox"/> Off • CVV2 (Default is On) <input type="checkbox"/> Off • Fraud Protection (Default is On)* <input type="checkbox"/> Off • Invoice Number (Default is Auto Generate) <input type="checkbox"/> Off • Cashier/Clerk Numbers (Default is Off) <input type="checkbox"/> On • Debit (Default is Off) <input type="checkbox"/> On • Dial Back Up (Default is On) <input type="checkbox"/> Off • Store and Forward (Default is Off) <input type="checkbox"/> On • Truncate Both Copies <input type="checkbox"/> <input type="checkbox"/> • Truncate Customer Copy Only <input type="checkbox"/> <input type="checkbox"/>	<b>Restaurant Features</b> • Server Numbers (Default is On) <input type="checkbox"/> Off • Tab Options (Default is On) <input type="checkbox"/> Off • Tip Adjust (Default is On) <input type="checkbox"/> Off • Tip Calculator (Default is On) <input type="checkbox"/> Off • Tip Processing (Default is On) <input type="checkbox"/> Off <b>Retail Tip Features</b> • Sale + Tip (Omni or Nurit Only) <input type="checkbox"/> On <input type="checkbox"/> Off • Dummy Receipt (Omni or Nurit Only) <input type="checkbox"/> On <input type="checkbox"/> Off
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\* WAIVER OF FRAUD PROTECTION  
 If Fraud Protection is turned OFF, the merchant must agree to the following:  
 Please remove the Fraud Protection feature, which requires entry of the last four digits of payment cards when swiping a payment card. We understand that by removing this, fraudulent cards could be accepted through our payment terminal. We will not hold Sterling Payment Technologies or any of its partners liable for such transactions.

MERCHANT SIGNATURE: \_\_\_\_\_

# MASTERCARD, VISA AND DISCOVER CARD PRICING SCHEDULE

Pass Through	BP	Per Item
<b>Tiered</b>	<b>Discount</b>	<b>Per Item</b>
MasterCard Check Qualified		
Visa Check Qualified		
Discover Network Card Check Qualified		
MasterCard Credit Card Qualified		
Visa Credit Card Qualified		
Discover Network Card Credit Card Qualified		
MasterCard Mid-Qualified		
Visa Mid-Qualified		
Discover Network Card Mid-Qualified		
MasterCard Non-Qualified		
Visa Non-Qualified		
Discover Network Card Non-Qualified		

**Acceptance Options:**  Credit Only  Check Card Only  Both

**Billing Options:**  Net Daily  Gross Monthly

MasterCard, Visa and Discover each provide for multiple interchange fees based on the type of merchant processing method utilized by the merchant, the time within which card sales are interchanged to card issuing institutions, and the types of cards processed. For more information refer to Merchant Processing Agreement.

## Gift Card Schedule of Charges:

• Initial Card Order (if Quick Card*)	\$ _____
• Stored Value Auth Fee**	\$ _____
• Block Activation Fee	\$ _____
• Stored Value Setup Fee	\$ _____
• Paper Report Delivery Fee	\$ _____
• Stored Value ONLY Fee	\$ _____
• Monthly Service Fee	\$ _____
• ACH Services Fee (Inter-Score or Central Acct.)	\$ _____
• Plastic Fee (if Custom)	\$ _____
• Fold Over Fee/Envelope Fee (if Custom)	\$ _____

\* Requires signed Quick Card order form

\*\* A Stored Value Authorization Fee will be charged on each transaction generated at the point of sale.

## Sterling Funding

Has merchant accepted credit cards for at least 3 months?  Yes  No

Is merchant interested in receiving an advance on future credit card sales?  Yes  No

If Yes to both questions, please complete and return the Sterling Funding Checklist and Sterling Funding Merchant Advance Agreement.

## PIN Debit/EBT Services

### Debit Schedule of Charges:

Authorization Fee	\$ _____
Monthly Fee	\$ _____
Cardholder Surcharge (optional)	
<input type="checkbox"/> Cash Back <input type="checkbox"/> Sales Only <input type="checkbox"/> Both	\$ _____

In addition to the authorization fee, all network fees will be passed through to the merchant depending on the network the authorization was routed through.

EBT Schedule of Charges:

FSC # \_\_\_\_\_

Cash Benefits Only

Authorization Fee \$ \_\_\_\_\_

## Sterling Advantage

Discount Medical Plan, Disability Insurance, Life Insurance, Emergency Medical, Discount Pharmacy, Fixed Rate Vision Plan, Fixed Rate Dental Plan, Check Recovery Services\*, Equipment Repair/Replacement\*\*, Processing Supplies and Web Site Reporting

Monthly Fee \$ \_\_\_\_\_

\* Requires CybrCollect Agreement and Bank Auth Form

\*\* Excludes Wireless POS Devices

## ADDITIONAL FEES

• T&E Card Auth	\$ _____
• Batch Fee	\$ _____
• Monthly Fee (Statement Fee)	\$ _____
• Monthly Minimum Fee	\$ _____
• Annual Fee	\$ _____
• Third Party Monthly Access	\$ _____
• Third Party Authorization Surcharge	\$ _____
• Mobile Monthly Fee	\$ _____
• Mobile Authorization Surcharge	\$ _____

### Additional Fees that may apply are:

• Check Card Authorization	\$ .05/each
• Return ACH Fee (NSF Fee)	\$30.00/each
• Deposit Account Change Fee	\$25.00/each
• Chargeback Fee	\$30.00/each
• Retrieval Fee	\$15.00/each
• Arbitration/Compliance Fee	\$400.00/each
• Good Faith Collection	\$50.00/each
• Voice Authorization	\$.75/each
• Documentation/Research Fee	\$45.00/hour
• Early Termination Fee	\$395.00

## PROCESSING PARAMETERS

### Requested Processing Volumes

• Average Ticket	\$ _____
• High Ticket	\$ _____
• Average Monthly Volume	\$ _____
• High Monthly Volume	\$ _____
• Total Monthly Sales	\$ _____

(Include Bankcard, T&E, Checks and Cash processing volumes. Subject to approval by Sterling and may be adjusted.)

### Processing Profile (must equal 100%)

• Card Swiped	_____ %
• Keyed w/Imprint	_____ %
• Keyed w/o Imprint	_____ %
• Internet Transactions	_____ %

## MOTO/Internet

*Only applicable if merchant has more than 50% keyed transactions*

Does merchant house inventory?  Yes  No

How does merchant advertise?  Newspaper  Catalog  Internet  Flyers

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

When is the cardholder billed? \_\_\_\_\_

Is a deposit required?  Yes  No

If yes, how far in advance? \_\_\_\_\_

When is deposit paid? \_\_\_\_\_

What is the refund/return policy? \_\_\_\_\_

What percentage of transactions will be from foreign cards? \_\_\_\_\_

What measures are in place to protect against chargebacks/fraud? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## Merchant Acceptance

Each person signing below agrees to the terms and conditions stated in the front and back of this Agreement and certifies that all information provided in the application is true, correct, and complete. Each signer authorizes Sterling Payment Technologies, LLC and/or the Member Bank or any agent of the Member Bank, to make whatever inquiries Sterling Payment Technologies and/or the Member Bank deem appropriate to investigate, verify, or research references, statements or data, including personal credit reports for the purpose of this application. Merchant understands this Agreement shall not take effect until Merchant has been approved by Sterling Payment Technologies, LLC and/or the Member Bank and a merchant number is issued.

**SIGN HERE**

\_\_\_\_\_  
#1 from Application (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
#2 from Application (Signature)

\_\_\_\_\_  
Date

## For All Corporations - Corporate Resolution

The indicated officer(s) identified in numbers 1 and/or 2 have the authorization to execute the Merchant Processing Agreement on behalf of the here within named corporation.

**SIGN HERE**

\_\_\_\_\_  
Corporate Officer (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Personal Guaranty

By signing below, signer(s) unconditionally guarantee(s) to Sterling and its successors and assigns the full and prompt payment when due of all its obligations of every kind and nature of Merchant arising directly or indirectly out of the Agreement or any document or Agreement executed and delivered to Merchant in accordance with the terms of the Agreement. The undersigned further agrees to pay Sterling all expenses including attorney fees and court cost(s) paid or incurred by Sterling in collecting such obligations and in enforcing this Guaranty.

**SIGN HERE**

\_\_\_\_\_  
#1 from Application (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
#2 from Application (Signature)

\_\_\_\_\_  
Date

## Sterling Approval

\_\_\_\_\_  
Approved By:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Bank Approval

\_\_\_\_\_  
Approved By:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



