



# Merchant Processing Application and Agreement



Merchant # \_\_\_\_\_ Sales Rep: JSS Date:    /   /   

## General Information

DBA (Business Name, if different than legal Name): X \_\_\_\_\_

Corporate/ Legal Name: \_\_\_\_\_ Contact Name (First/Last): X \_\_\_\_\_

X Physical Address (No P.O. Box): \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

X Business Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_ - \_\_\_\_\_

X Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Ownership Type: X ☐ Sole Proprietorship ☐ Partnership ☐ Non Profit ☐ Public Corp. ☐ Private

Corp. Years in Business: X \_\_\_\_\_ Merchant Type (SIC/MCC code): \_\_\_\_\_

Business License #: \_\_\_\_\_ X Fed Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Check one: ☐ Retail ☐ Restaurant with Tips ☐ Restaurant without Tips X MO/TO

Product and/or Service Description (specifically state the merchandise type or the exact services offered): \_\_\_\_\_

X

## Agreement Confirmation - Guaranty

The parties hereto agree to abide by the terms and conditions contained in the Merchant Processing Agreement to which this signage page is attached.  
**MERCHANT:** The undersigned hereby authorizes ACCPC to investigate the credit of each person listed on the Merchant Application and Fee Schedule and represents that he/she has the authority to provide such authorization and to execute this Agreement.

ACCPC, Witnessed by Signature \_\_\_\_\_ Date \_\_\_\_\_

Merchant: X  
Signature of Officer/Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of Sales Rep \_\_\_\_\_

Print Name and Title \_\_\_\_\_

In exchange for ACCPC and Merrick Bank's acceptance of the Agreement, the undersigned unconditionally guarantees performance of the Merchant's obligations under the Agreement and Equipment Lease, if applicable, and the payment of all sums due thereunder, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties for any and all amounts due from Merchant under Agreement, including all attorneys fees and costs associated with enforcement of the terms thereof. I understand that this is a Guaranty of payment and not of collection that Merrick Bank and ACCPC are relying upon this Guaranty in entering into the Agreement.

X Signature of Officer/Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

## BANK DISCLOSURE

Member Bank Information: Merrick Bank, 101 Crossway Park West, Woodbury, NY 11797 • Phone (800) 328-9155

### Important Bank Responsibilities:

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant
2. A Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply.
3. A Visa Member is responsible for all funds held in reserve that are derived from settlement.

4. A Visa Member is responsible for and must provide settlement funds to the Merchant
5. A Visa Member must be a principle (signer) to the Merchant Agreement.

### Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Review and understand the terms of the Merchant Agreement.

3. Maintain fraud and chargebacks below thresholds.
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 some important obligations of each party and that the Visa Member - Merrick Bank - is the ultimate authority should the Merchant have any problems.

Signature of Officer/Owner X \_\_\_\_\_ Date: \_\_\_\_\_

Bank Copy - White

Sales Agent Copy - Yellow

Merchant Copy - Pink



**Merchant Volume Data**

Average Ticket Size: \$                     .00 Monthly Credit Card Volume: \$                     .00  
Mag Swipe: 0 % + Keyed Manually: 100 % = 100%

**Other Entitlements**

☐ New American Express Account    ☐ Existing AMEX Merchant    Account #                       
☐ New Discover Account    ☐ Existing Discover Merchant    Account #                       
☐ Other Card                       
☐ Check Service    Vendor:                         If Yes, Merchant #:                       
☐ EBT                         FNS# (XREF)                     

**Bank Account Information****Deposit Bank Account**

Account Type: CK Routing/Transit #:                      Account #:                     

**Chargeback Account**

Account Type: CK Routing/Transit #:                      Account #:                     

Merchant hereby authorizes ACCPC to initiate credit and/or debit entries for amounts originating under the Merchant Processing Agreement (via ACH or otherwise) including any reversals or adjustments on original entries to the Merchant's Bank Account (as defined in the Merchant Processing Agreement Fees) **Attach Voided Check**

Signature of Officer/Owner:                         Date:                     

**Owner Information****OFFICER 1**

Owner/Officer Name:                         Date of Birth:     /    /        Home phone:                       
Home Address:                         City:                         State:         Zip Code:                       
Driver's License #:                         DL State:                         SSN:     -    -    

**OFFICER 2**

Owner/Officer Name:                         Date of Birth:     /    /        Home phone:                       
Home Address:                         City:                         State:         Zip Code:                       
Driver's License #:                         DL State:                         SSN:     -    -    

You have the option of accepting MasterCard credit cards, Visa credit cards, credit cards issued by Discover® Network, MasterCard signature debit cards (MasterMoney Cards) or Visa signature debit cards (Check Cards), or debit cards issued by Discover Network. You may elect to accept any or all of these card types for payment. If you do not specifically indicate otherwise, your application will be processed to accept ALL MasterCard, Discover Network, and Visa card types.

Visa, Discover Network, or MC card types NOT to accept:

Bank Copy – White

Sales Agent Copy – Yellow

Merchant Copy – Pink



Gift and/or Loyalty Card Program:

### Other Programs

☐ Yes

☐ No

Vendor: \_\_\_\_\_

Merchant Reporting:

☐ Web-based

☐ Paper

### Service Fees

Set-Up Fees (One-time Charges)		Ongoing Service Fees (Based on Volume)		Reoccurring Fees		
Item	Charge	Card Type	Discount	Per Trans	Item	Charge
Application fee	\$ <u>0</u>	MasterCard	<u>int + 4.0 %</u>	\$ <u>.10</u>	Monthly Statement	\$ <u>75</u>
Installation fee	\$ <u>0</u>	Visa	<u>int + 4.0 %</u>	\$ <u>.10</u>	Monthly Gateway	\$ <u>12.00</u>
		Discover®	<u>int + 4.0 %</u>	\$ <u>.10</u>	Web-reporting fee	\$ <u>/</u>
Reprogram fee	\$ <u>0</u>	Debit Card	<u>int + 4.0 %</u>	\$ <u>.10</u>	Debit Access fee	\$ <u>/</u>
Gateway/Setup fee	\$ <u>0</u>	AMEX	<u>/</u>	\$ <u>/</u>	Monthly Wireless fee	\$ <u>/</u>
		P.I.N. based	<u>/</u>	\$ <u>/</u>	Monthly Minimum	\$ <u>/</u>
Other:	\$ <u>/</u>	<input type="checkbox"/> Flat rate		\$ <u>/</u>	Chargeback/Retrieval fee	\$ <u>35</u>
	\$ <u>/</u>	<input type="checkbox"/> Passthru plus		\$ <u>/</u>	Annual Fee	\$ <u>59</u>
	\$ <u>/</u>	Gateway fee		\$ <u>/</u>	Equipment Maintenance	Yes <input checked="" type="checkbox"/> No
	\$ <u>/</u>	EBT		\$ <u>/</u>		
Equipment Purchase	\$ <u>/</u>	Gift Card	\$ <u>/</u> /mo.	\$ <u>/</u>		
Other	\$ <u>/</u>	Check Service		\$ <u>/</u>		
Total Amount	\$ <u>/</u>					

Comments: 5¢ Gateway transaction fee

### X Site Inspection

Give a specific description of the business physical location: X

X Building Type: ☐ Shopping Ctr. ☐ Office Building ☐ Residence ☐ Separate Building ☐ Other

X Merchant: ☐ Owns ☐ Rents/Leases Area Zoned: ☐ Commercial ☐ Industrial ☐ Residential

X Square Footage: ☐ 0 - 500 ☐ 501 - 2,500 ☐ 2,501 - 5,000 ☐ 5,001 - 10,000 ☐ More than 10,000

### Equipment Information

Rental; Purchase; Customer-owned; Lease (circle one)	QTY	Equipment Manufacturer	Equipment Type: Terminal; Printer; Pin Pad	Application Type Retail; Restaurant; Lodging; Supermarket	Auto Close A.M.: P.M.:
R P C L		<u>Auth</u>	T P PP	R Re L S	Yes No
R P C L		<u>Net</u>	T P PP	R Re L S	Yes No

If PC/Register list software & version in use: \_\_\_\_\_

Existing ☐

New ☐

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

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Sales Agent Copy - Yellow

Merchant Copy - Pink