

Front Cover Sheet

Business (DBA): _____
Contact First Name: _____
Contact Last Name: _____
Business Address: _____
City: _____ **State:** _____ **Zip:** _____
Business Phone #: _____
Rep Number: **37547**

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

ATTN: *New Accounts Department*
888-245-7153
FSNewApps@Elavon.com

Retail Face-to Face Merchant

- Complete Merchant Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture merchants must provide 2 years 3rd Party prepared Financial Statements.
- Complete Merchant Application Sales Worksheet (1 page)
- Business Verification – If the Onsite Inspection is not completed **one** of the following is required:
 - o 3 months of CURRENT processing statements
 - o Photos of the business site
 - o Yellow Page advertisement
 - o Business License
 - o 3rd party prepared business financials or tax returns
 - o 12 months of checking account history
 - o Phone Bill or Utility Bill
 - o Articles of Incorporation
 - o Copy of Federal Tax ID paperwork
 - o Professional License
 - o Lease Agreement (DBA address and lease agreement address must match)
 - o Sales and Use Tax
 - o Copy of Federal Tax Identification paperwork
 - o Business Tax Receipt
 - o W-9 (Long Form)
 - o Internet website registered to merchant
 - o Business credit bureaus report
 - o IRS Form 1099
 - o Proof of Tax-Exempt status

Additional Requirements for Card Not Present Merchants

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for an Internet Merchant

- o Same Additional Requirements as Card Not Present merchant
- o Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the merchant's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to merchant (in US/Canada only)

Additional Requirements for a Non-Profit Merchant

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW MERCHANT APPLICATION

1	MERCHANT INFORMATION					
DBA NAME:						
LEGAL/CORPORATE NAME (IF DIFFERENT THAN ABOVE):						
CONTACT NAME:			DBA PHONE #:			
DBA ADDRESS 1 (NO PO BOX):			DBA FAX #:			
DBA ADDRESS 2:			YEAR ESTABLISHED:			
CITY:	STATE:	ZIP CODE:	LENGTH OF CURRENT OWNERSHIP:	YEARS,	MONTHS	
EMAIL ADDRESS (REQ'D FOR SOME PRODUCTS):			MOBILE PHONE #:			
<input type="checkbox"/> Yes! I authorize Elavon and Member to send me text and e-mail messages for marketing purposes. I agree to receive autodialed calls and texts, and e-mail messages, from Elavon and Member at the mobile phone number and e-mail address I have provided for this purpose. Messages and data rates may apply. I understand that I am not required to provide my consent as a condition of using any Elavon or Member services. I also understand that Elavon and Member may send text and e-mail messages to the mobile phone number and e-mail address I have provided as part of servicing my account without my consent.						
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)					
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)						
DBA NAME:			PHONE #:			
CONTACT:			FAX #:			
ADDRESS:		CITY:	STATE:	ZIP CODE:		
STATEMENTS/ RETRIEVALS /CHARGEBACKS						
STATEMENTS	<input type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		RETRIEVALS	MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO: OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)		
			CHARGEBACKS	MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO: OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)		
AUTO SEND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN MERCHANTS ONLY – MUST INCLUDE CHAIN SET UP FORM)						
3	PRINCIPAL 1 INFORMATION (OWNER/PARTNER/OFFICER)					
<input type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP _____ % / TITLE: OWNER <u>OR</u> <input type="checkbox"/> OFFICER: TITLE _____						
FIRST NAME:	MI:	LAST NAME:	SSN#:			
HOME ADDRESS:			DOB:			
CITY:	STATE:	ZIP CODE:	HOME PHONE #:			
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS						
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:		
4	PRINCIPAL 2 INFORMATION					
<input type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP _____ % / TITLE: OWNER <u>OR</u> <input type="checkbox"/> OFFICER: TITLE _____						
FIRST NAME:	MI:	LAST NAME:	SSN#:			
HOME ADDRESS:			DOB:			
CITY:	STATE:	ZIP CODE:	HOME PHONE #:			
OTHER MERCHANT INFORMATION						
AVERAGE SALE AMOUNT: \$			CARD PRESENT _____ %			
TOTAL MONTHLY VISA/MC/DISC/UNIONPAY/AMEX SALES: \$			CARD NOT PRESENT* _____ %			
DESCRIPTION OF PRODUCT/SERVICES OFFERED:			INTERNET* _____ %			
SPECIAL PROGRAM MCC ONLY:			(MUST TOTAL 100%)			
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)			* CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW			
INTERNET : PRODUCT WEBSITE:		INTERNET: "CONTACT US" EMAIL:	CUSTOMER SERVICE PHONE #:			
			PREVIOUS PROCESSOR:			
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)						
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE	
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER	
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)						
DEPOSIT BANK NAME:		ABA/ROUTING #:	DDA ACCOUNT #:			
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):		ABA/ROUTING #:	DDA ACCOUNT #:			
TAPE ID (OPT):						
VALUE ADDED SERVICES						
<input type="checkbox"/> VALUE ADDED SERVICES (COMPLETE NEW MERCHANT APPLICATION – VALUE ADDED SERVICE SECTION)						

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)					PRICING CATEGORY					
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, DII)/AMEX <input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER (JCB, DII) <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX					<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU					
PRICING INFORMATION							FEES			
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.										
<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS		VISA	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE	\$		
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING	\$		
QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	WIRELESS SET-UP	\$		
MID QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ACCOUNT MAINTENANCE	\$		
NON QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	CHARGEBACK (PER OCCUR)	\$		
OTHER TIER		<input type="checkbox"/> CHECK CARD (T-opt /EIC-req) <input type="checkbox"/> SPRMKT (T-opt/EIC-NA) <input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)						RETURN ITEM FEE/NSF (PER OCCUR)	\$	
		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	ANNUAL FEE START DATE:	\$		
REWARDS TIER (T-opt / EIC-req)		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY SERVICE FEE	\$		
COMMERCIAL CARD TIER (T-opt /EIC-req)		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MONTHLY MINIMUM	\$		
PASS THRU:		VISA	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	MONTHLY ASSOCIATION COMPLIANCE FEE \$			
<input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER FEES MAY APPLY, SEE MERCHANT APPLICATION			
MARKUP		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	VERIZON DATA PLAN COVERAGE (PER MB)	\$		
<input type="checkbox"/> DIFFERENTIAL		VISA	MASTERCARD	DISCOVER	UNIONPAY	AMERICAN EXPRESS	OTHER:	\$		
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	OTHER:	\$		
QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$		
NON QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER:	\$		
							STATEMENT: <input type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER			
AUTHORIZATIONS (PER OCCURRENCE)							PRICING PROGRAMS			
VISA	\$ ___	UNIONPAY	\$ ___	VOICE AUTH TOUCH TONE	\$ ___		MONETARY PRICING PROGRAM:			
MASTERCARD	\$ ___	WEX	\$ ___	VOICE- OPERATOR ASSISTED	\$ ___		AUTH PRICING PROGRAM:			
DISCOVER	\$ ___	DIAL COMMUNICATION	\$ ___	VOICE - WITH AVS	\$ ___		EQUIPMENT: 59999			
AMEX	\$ ___	OTHER:	\$ ___	VOICE - BANK REFERRAL	\$ ___		MISCELLANEOUS: 59999			
OTHER CARD TYPES EXISTING					PIN DEBIT					
AMEX	SE# (10 DIGITS)	PER AUTH: \$			MONETARY PRICING: MARK UP: ___ % + \$ ___ PER ITEM					
OTHER: ___	SE #:	PER AUTH: \$			PASS THRU: IC DIFF (DEFAULT) <input type="checkbox"/> PASS THRU: IC PLUS					
EBT	SE # (7 DIGITS):	PER AUTH: \$			AUTHORIZATION PRICING: MARK UP: \$ ___ PER AUTH (ASSOC)					
<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)		<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)								
POINT OF SALE (EQUIPMENT OR SOFTWARE)										
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER					# OF TIDS: _____		COMMUNICATION METHOD (IP DEFAULT): <input type="checkbox"/> DIAL			
VAR SERVICE PROVIDER (HOSTED):			VAR VENDOR (DISTRIBUTED):			GATEWAY (OPTIONAL):				
			VAR PRODUCT:			VAR VERSION:				
QTY	POS DESCRIPTION	EQUIP. CODE	PRICE PER UNIT	MONTHLY FEE	PER AUTH	PURCHASE	EXISTING	EXCHANGE		
1	converge	vrnch	\$	\$12.95	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	isc250 pin	isc25	\$467	\$	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)										
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR <input type="checkbox"/> ELAVON BILLING ONE TIME FEES										
Elavon and Member have no responsibility for, and shall have no liability to Merchant in connection with, any hardware or software, or any related services, Merchant receives under a direct agreement (including any sale, warranty or end-user license agreement) between Merchant and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Merchant with respect to such hardware, software or services.										
TERMINAL PROGRAMMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)										
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)		
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION				
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE								
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY								
CUSTOM PROMPTS: (CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)		<input checked="" type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) 2350 TIME ZONE _____		<input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ _____ (MAX)						
		<input type="checkbox"/> NO TIP (REST)		<input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CLERK PROMPT (RTL)		<input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)		
		<input type="checkbox"/> TIP FUNCTION WAITER (RTL)		<input type="checkbox"/> TIP FUNCTION CASHIER (RTL)		<input type="checkbox"/> CUSTOM FOOTER: _____				
<input type="checkbox"/> TRAINING			PHONE INFORMATION: ACCESS #:							
TRAINING (DEFAULT = NO TRAINING):			CONTACT NAME:			CONTACT PHONE #:				

SALES WORKSHEET

DBA:

ACCOUNT DESIGNATION					
<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION OF	
PORTFOLIO CODE: MS00ALLI	FI: 0542	AGENT: 5843	BANK: 3950	MSP SHORT NAME: MS00ALLI	
CLIENT GROUP #: 17	ENTITY: 42852	REP #: 37547	AWB:		
MULTI-MID REQUEST					
<input type="checkbox"/> MULTI MID - NEW MERCHANT RELATIONSHIP		<input type="checkbox"/> PRIMARY MID			
<input type="checkbox"/> MULTI MID - EXISTING MERCHANT RELATIONSHIP		EXISTING MID OR AWB:			
BUSINESS VERIFICATION					
<input type="checkbox"/> OTHER BUSINESS VERIFICATION DOCUMENTATION INCLUDED					
ONSITE INSPECTION					
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:					
BUSINESS LOCATED IN: <input type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):					
<ul style="list-style-type: none"> • I HAVE PHYSICALLY BEEN ON SITE • MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) • THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS • MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 					
SIGNATURE: _____					
PRINTED NAME: BRANDON MERENDA		REP #: 37547		DATE:	
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES:					