



Thank you for the opportunity to earn your business. Please fill out the below application and fax it, and all the needed items to me. **You only need to fill out the items in RED, everything else will be completed by us. Be sure to sign and initial on all pages where indicated in red and with arrows.**

Once your account is approved, we will send you the free equipment to your company's physical address. Make sure you have an available USB port on each of your computer(s).

You are also receiving secure gateway services for your credit card processing (card present, recurring, debit, etc) at no additional cost. The gateway offers many additional features that you can enable once your account is activated (additional charges may apply). Feel free to login and look around once you receive the welcome email with the web address, Account ID, and password.

By the time you receive the equipment we should have your account ready for processing, so call me and we can run a test transaction together.

The following items are needed in connection with your account:

- ✓ Signed and completed paperwork (Black ink only)
- ✓ Copy of most current 3 months statements from current processing service provider (all pages)
- ✓ Page 1 of your American Express AND Discover statement showing your merchant number
- ✓ Copy of a voided check from the account you want funds deposited into
- ✓ Copy of valid Drivers' License for all principals on application
- ✓ Copy of ONE of the following:
 - Valid Business License
 - Articles of Incorporation/Organization
 - State/county sales tax permit

I understand that should I terminate service with Acquirint, I will return all equipment provided to me.



Signature of Principle

How many card readers do you need?
(1 for each cashier station)

Ed John Phone: 805.443.1828 Fax: 805.277.8130 Email: EdJohn@amsvt.com

CUSTOMER PROCESSING AGREEMENT PROCESSING FEE SCHEDULE

FEES APPLY ONLY TO SERVICES USED

Sales Order No. _____

Application Type ☒ New to Credit Card Processing ☐ Currently Processing Credit Card (Rewrite)

Legal Business Name: _____
 DBA Name: _____
 Legal Address: _____
 City: _____ State: _____ Zip: _____ Business Open Date: _____ Mo. / _____ Yr.
 Contact Name: _____
 Business Phone: _____ - _____ - _____ Business Fax: _____ - _____ - _____
 Email Address: _____

☐ I would like to receive online statements at the above listed email address. I understand that by accepting this option, I will not receive a mailed statement.

If cards are currently accepted, please identify where: ☐ MOTO/E-Commerce ☒ Face to Face How Long: _____ (Years)

Are you currently a customer of Citizens Financial Group (i.e., Citizens Bank of Rhode Island, etc.)? If yes, please indicate the institution's name: _____

Business Ownership Type
☐ Sole Proprietorship ☐ Partnership ☐ Corporation - Non-public ☐ Corporation - Public Stock Symbol: _____ ☐ Non-profit Organization ☐ LLC ☐ Government Entity

Lead Number: _____ Federal Tax ID #: _____

SIC: **7538**

Business Description: **Auto Repair**

Has this company ever had any cardholder account information compromised? ☐ Yes ☒ No If Yes, When? _____ (Merchant Initials) **INITIAL HERE**

Swiped / Non-Swiped Percentages*

Face-to-Face 100 % (Swiped)	Imprinted _____% (Non-Swiped)	MO/TO _____% (Non-Swiped)	Internet _____% (Non-Swiped)
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☐ Financial Institution (F/I)? ☐ Money Services Business (MSB)?
☐ US ☐ Non-US ☐ Yes ☐ No
☐ F/I ID#: _____

Website Address: _____
*Website address required for any % of Internet transactions or total Non-Swiped greater than 20%

Transactions conducted at: ☒ Store ☐ Residence ☐ Warehouse/Office ☐ Mobile

Bank Name: _____

Bank Phone: _____ - _____ - _____ Bank Zip: _____

Does this location accept Advance Payments? ☐ Yes ☒ No

If Yes:

Payment Types:

☐ Deposit taken ☐ Full Payment ☐ Membership / Insurance / Subscriptions, etc.

- What is the average percentage of the deposits being paid in advance? _____
- Number of days the deposit is paid to the merchant in advance of the full payment? _____
- Number of days after full payment is made to the merchant until customer takes delivery of goods / services? _____
- Average number of days to complete the service after purchase (e.g. length of membership, insurance policy, subscriptions, etc.)? _____
- What percentage of the annual bank card volume is based on the payment terms above? _____

Warranties

Monthly volume attributable to warranties \$ _____ Average length of warranty outstanding (# of months) _____ Who reinsures warranty liability? _____

Description of Products & Services Sold: _____

Principal Name: _____
First M.I. Last

Principal Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ - _____ - _____

SSN#: _____ - _____ - _____ DOB: _____ Mo. - _____ Day - _____ Year Percent Ownership **100** %

☒ US Citizen? If no, provide country of citizenship _____ ☐ Politically Exposed Person?



Citizens Bank (Member Financial Institution)
600 Morgan Falls Road, Atlanta, GA 30350

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PRINCIPAL INFO

Principal Name: _____
Principal Title: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____ - _____ - _____
SSN#: _____ - _____ - _____ DOB: _____ Mo. - _____ Day - _____ Year Percent Ownership _____ %
☐ US Citizen? If no, provide country of citizenship _____
☐ Politically Exposed Person? _____

Merchant Initials
If Additional Principals Information
Form Required.

Visa®, MasterCard®, Discover® and JCB® Credit Processing

☒ Accept All Visa, MasterCard, Discover and JCB Consumer Credit, Commercial and Signature Debit Cards

Please Select
Rate Pricing Structure

- ☐ 3-Tier Pricing
☐ 4-Tier Pricing
☐ Cost Plus Pricing

Cost Plus Processing Fee

_____ % Per Transaction

\$ _____ Per Transaction

Merchants are responsible for the percentage and/or transaction fee listed here plus any card issuer costs involved.

3-Tier and 4-Tier Rates

Tier 1 Rate

Discount Rate: _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 2 Surcharge

Discount Rate: _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 3 Surcharge

Discount Rate: _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 4 Surcharge

Discount Rate: _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Customer High Monthly Volume:

\$ _____

Customer Monthly Volume:

\$ _____

Customer Average Ticket:

\$ _____

Customer High Ticket:

\$ _____

Discover Network® Accounts

☐ Discover Network Retained Account

Merchants who are on the "Discover Retained Merchant Accounts" list will continue to settle Discover transactions through Discover. Rates negotiated with Discover will apply on all Discover transactions in place of RBS WorldPay 3-Tier, 4-Tier, or Cost Plus credit transaction pricing structures. The RBS WorldPay item fee, as specified in this section, will be added to Discover Retained Merchant Accounts in addition to the negotiated Discover rates and will be charged by RBS WorldPay.

Existing Discover Merchant #: _____

RBS WorldPay Item Fee: \$. _____ Per Transaction

American Express®

☐ Apply for American Express

☐ Reverse PIP

Amex Discount Rate: _____ % Plus \$. _____ Per Transaction*

RBS WorldPay Item Fee:

☐ American Express \$5.95 Flat Fee Pricing \$. _____ Per Transaction

☐ Existing American Express Customer

Existing Amex Merchant #: _____

Existing Amex CAP #: _____
(For existing, multi-location customers only)

Merchants processing with American Express will be billed the Amex Discount Rate or \$5.95 Monthly Flat Fee by American Express directly.

American Express
Yearly Volume: \$ _____

American Express
Average Ticket: \$ _____

*0.30% downgrade will be charged for Retail transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not Presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet), is used at unintended Establishments (e.g., customer activated terminals, called CATS, or for which the transaction is key-entered). Capitalized terms appearing in this paragraph shall have the meanings ascribed in the American Express Terms and Conditions.

PIN Debit Processing

☐ Accept Consumer PIN Debit Cards

Debit Access Fee: \$ _____ Per Month - Per Location

Debit Item Fee*: \$. _____ Per Transaction

Denials & Voids Fee*: \$. _____ Per Transaction

Batch Totals Fee: \$. _____ Per Transaction

Revolution Card Fee: . 50 % (basis points) Per Transaction

*Plus fees from individual card companies and/or debit networks.

EBT

☐ Accept EBT

EBT Access Fee: \$ _____ Per Month - Per Location

EBT Item Fee: \$. _____ Per Transaction

Denials & Voids Fee: \$. _____ Per Transaction

Batch Totals Fee: \$. _____ Per Transaction

Retailer will issue benefits in the form of:

- ☐ Food Stamp and Cash Benefits
☐ Food Stamp Benefits Only
☐ Cash Benefits Only

FNS Number: _____
(Food Stamps Merchants Only)

Direct Debit USA

☐ Accept Direct Debit ACH Service

Deposit and Re-Deposit Item Fee: _____ % (basis points) Per Transaction

CARD SERVICES / ACH SERVICES



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Sales Order No. _____

MISC. FEES	Administrative: \$ _____ Per Month – Per Location	ACH Reject, NSF or Returned Check: \$ _____ Per Occurrence	Voice AVS Request: \$ _____ Per Call
	Minimum Processing: \$ _____ Per Month – Per Location	Voice Authorization: \$ _____ Per Call	Batch Header: \$ _____ Per Occurrence
	Chargeback Handling: \$ _____ Per Chargeback	Voice Authorization Referral: \$ _____ Per Call	Other Fee: \$ _____ *
	* The Early Termination Fee set forth in Section 10.3 of the Terms and Conditions applies unless a different amount is specified in the Other Fee section above.		

PETRO SERVICES	Wright Express® (WEX)	Fuelman® (FleetCor)	Fleet One®	Voyager®
	☐ Apply for Wright Express (WEX)** Item Fee: \$ _____ Per Transaction	☐ Apply for Fuelman (FleetCor)** ☐ Current Fuelman (FleetCor) Customer Item Fee: \$ _____ Per Transaction	☐ Apply for Fleet One** ☐ Current Fleet One Customer Item Fee: \$ _____ Per Transaction	☐ Apply for Voyager ☐ Current Voyager Customer Voyager Discount Rate: _____ % Per Transaction Item Fee: \$ _____ Per Transaction
** Wright Express, Fuelman (FleetCor), and Fleet One applications require an additional form that is separate from the RBS WorldPay Customer Processing Agreement. Approximate set-up time for Wright Express, Fuelman (FleetCor), and Fleet One applications is 7-10 business days.				

GIFT & LOYALTY	Gift Cards	Loyalty Cards
	☐ Accept Gift Cards* Gift Card Item Fee: \$ _____ Per Transaction Order Processing Fee**: \$ <u>25.00</u> Gift Card Dormancy Fee: \$ _____ Per Service Fee Assessed Per Card Gift Card Activation/Reload Fee: _____ % of Activation/Reload Amount	☐ Accept Loyalty Cards* Item Fee: \$ _____ Per Transaction Program Fee: \$ _____ Per Month – Per Location
**Order processing fee applies to Standard and Image initial orders and reorders less than 200 cards.		*Merchants ordering Gift Cards or Loyalty Cards will need to complete and submit the Card Order Form.

SOFTWARE	Selected Software	Software Fees
	Data Cap Service Fee: \$ _____ Per Month – Per Terminal Data Cap Item Fee: \$ _____ Per Transaction Micros Surcharge Fee: \$ _____ Per Transaction	Virtual Terminal Service Fee: \$ _____ Per Month – Per Terminal Recurring Payments Service Fee: \$ _____ Per Month – Per Terminal Direct Draft ACH Reject: \$ _____ Per Occurrence Prenote: \$ _____ Per Occurrence Debit/Credit Origination Fee: \$ _____ Per Transaction

OTHER SERVICES	Wireless Services		
	☐ Accept Transactions via Wireless Wireless Services: \$ _____ Per Month – Per Terminal		
	Check Services		
	Current Check Processing Company: _____ Existing Check Processing Merchant #: _____ *Merchants applying for CrossCheck Services must complete a separate CrossCheck Services Agreement.		
	Equipment Replacement And Supplies	RFID	ARU
	☐ Accept ☐ Decline (Merchant Initials) (Required for Acceptance) Please Select Service Level: ☐ Terminal & Supplies: \$ _____ Per Month – Per Terminal ☐ Supplies Only: \$ _____ Per Month – Per Terminal ☐ Terminal Only: \$ _____ Per Month – Per Terminal	☐ Accept Transactions via RFID Please Select RFID Equipment Type ☐ Stand Alone ☐ Terminal Mount ☐ Wall/Glass Mount	☐ Accept Transactions via ARU Only Merchants processing via ARU are not subject to the Voice Authorization, Voice Authorization Referral, or Voice AVS Request Fees listed in the Misc. Fees section of this document.

OTHER SERVICES	Data Breach Services	
	Please Select Service Level: ☐ Plus: \$ <u>9.99</u> ☐ Premium: \$ <u>15.99</u> ☐ None (Merchant Initials) (Required for Acceptance)	I have received a copy of the Terms and Conditions for the Data Breach Services Program. (Merchant Initials) (Required for Acceptance)



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Sales Order No. _____

Shopping Carts		Internet Gateways	
INTERNET SERVICES	☐ Accept Transactions via Internet Shopping Cart Please Select Shopping Cart Type ☐ Process via Cart32 Shopping Cart Maintenance Fee: \$ _____ ☐ Process via MIVA Per Month - Per Terminal ☐ Process via ShopSite	☒ Accept Transactions via Internet Gateway Please Select Internet Gateway Gateway Setup Fee: \$ _____ ☐ Authorize.Net TSYS Surcharge Fee: \$ _____ Per Transaction ☒ TSYS Item Fee: \$ _____ Per Transaction ☐ Other (Please Specify): _____	
	Internet Business Information		
	Average Days to Fill a Order: _____ Percent of Orders Filled Internally: _____ % Average Days to Ship an Order: _____		
	Name of Fulfillment House: _____ Website Address: _____ Transaction Service Provider Information: _____		
Refund Policy ☐ Site Credit Only ☐ No Refunds ☐ Card Credit Site Is SSL Secured: ☐ Yes ☐ No			

POS / VAR Application Name: TSYS - Merchant Partner Version No. _____		
EQUIPMENT	This information is required for industry compliance purposes.	
	Model/Description	Serial Number
	Terminal ☐ ☐ ☐ ☐ ☐	_____
	Printer ☐ ☐ ☐ ☐ ☐	_____
	PIN Pad ☐ ☐ ☐ ☐ ☐	_____
	Check Reader ☐ ☐ ☐ ☐ ☐	_____
Other ☐ ☐ ☐ ☐ ☐		_____
Store Name: _____ (As it is to appear on receipt header and imprinter plates)		Store Return Policy on Terminal Receipt: ☐ All Sales Final ☐ No Refunds ☐ Store Credit Only
Auto-Close Auto-Close Time Time Zone ☐ Yes ☐ No ☐ AM ☐ PM ☐ EST ☐ MTN ☐ CNT ☐ PAC ☐ Hawaii		CVV AVS Tips Prompt for Server/Cashier # ☒ Yes ☒ Yes ☐ Yes ☐ Yes ☐ No ☐ No ☒ No ☒ No

MERCHANT ACCEPTANCE AND GUARANTY

The Customer hereby agrees to RBS WorldPay's standard Terms and Conditions for Customer Processing Agreements. These Terms and Conditions either appear on the reverse side of this form or are attached hereto. By signing below, I represent that (i) I have received and reviewed a copy of the Terms and Conditions and (ii) the information I have provided on the Customer Processing Agreement and during the application process, whether in written, electronic or verbal form, is complete and accurate. Customer acknowledges that no oral or written modifications to the Terms and Conditions have been made or promised to the customer.

Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to your account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time.

A consumer report of each of the officers, partners or owners of Customer may be requested from a consumer and/or credit reporting agency at the inception of this Agreement and from time to time thereafter. Acknowledgement and consent are hereby given.

If the Customer has elected to participate in the Data Breach Services Program (as indicated by a check in the Plus or Premium box in the "Data Breach Services" section), the Customer understands that the Data Breach Services Program is subject to terms and conditions that are being delivered separately. By signing below, Customer represents that Customer has received a copy of, understands, and agrees to the Terms and Conditions for the Data Breach Services Program.

By signing below, I represent that I have read and am authorized to sign and submit the application which I am delivering at this time to RBS WorldPay, Inc on behalf of the entity below and all information I have provided in the application is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in the 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 RBS WorldPay, 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 below 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.

USA PATRIOT Act: In order to assist the U.S. government in its efforts to fight the funding of terrorism and money laundering activities, RBS WorldPay is required to obtain, verify, and record information that identifies persons and entities who establish business relationships with RBS WorldPay. What this means for you: When establishing a contractual relationship with RBS WorldPay, we will ask for the legal name of the entity or person (i.e. business, principal, and contact), physical address, date of birth for individuals, date of incorporation or date business started for entities, tax identification number for businesses, and social security number for individuals. Additional information may also be required.

(Authorized Signature) _____ (Print Name) _____ (Title) _____ (Date) _____

(Authorized Signature) _____ (Print Name) _____ (Title) _____ (Date) _____

The undersigned further hereby unconditionally guarantees to Bank and RBS WorldPay the full payment of all obligations arising out of or in furtherance of the Agreement and to pay Bank or RBS WorldPay all expenses incurred in collecting such obligation.

(Signature) _____ (Date) _____ (Signature) _____ (Date) _____

The undersigned sales representative attests that a site inspection of the above named Customer's premises was conducted and that the Customer has the proper facilities, equipment, inventory and licenses required to conduct the business.

(Authorized Signature) _____ (Print Name) _____ (Date) _____ (Sales Code) _____