

ISC Office Number:	ISC / Representative Name:	Representative Number:
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Business Information

Doing Business As (DBA) Name:		Telephone Number:	FAX Number:
Site Address:		City:	State: Zip Code:
Legal Business Name as it appears on your tax return:		Legal/Mailing Address (if different from Site Address):	
Merchant Website URL		City:	State: Zip Code:
Contact Email Address			
Are you currently accepting credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Product/Services Sold	
Average Ticket Amount: \$ _____	High Ticket Amount: \$ _____	Average Monthly Volume: \$ _____	High Monthly Volume: \$ _____

 Card Present Swiped _____ % + Card Present Keyed _____ % + eCommerce _____ % = **100%**

Are you a Seasonal Business? Yes No If Yes, what are the months of operation of your business?

January February March April May June July August September October November December

Ownership Information

Ownership Type: Sole Proprietor Partnership C-Corporation S-Corporation Professional Corporation Limited Liability Corporation

Not for Profit Tax Exempt 501(c)(3) Government (local/state/Federal) Associations

Taxpayer Identification Number (9 digits as it appears on your SS-4)		Principal Name:		Mobile Phone Number:	
DOB:	Ownership %:	SSN (9 digits):	Principal's Email Address		
Home Address:		City:		State:	Zip Code:
Principal Name		SSN (9 digits):		Principal's Email Address	
DOB:	Ownership %:	Telephone Number:		Mobile Phone Number:	
Home Address:		City:		State:	Zip Code:

ACH Information

PLEASE INCLUDE A COPY/IMAGE OF THE VOIDED CHECK OR A BANK LETTER FOR THE ACCOUNT(S) LISTED BELOW.

Title on Bank Account:	Checking Account Number (credits & debits):
Transit (ABA Routing) Number:	Checking Account Number (debits only - if applicable):

Visa / MasterCard / Discover Network / American Express Acceptance

Select the card types you wish to accept at the Rates & Fees specified on this Agreement

- Accept Discover Network Cards Accept all MasterCard Cards Accept MasterCard Debit Cards Only Accept Visa Cards Accept American Express Cards
 Accept all PIN-Based Debit Cards Accept all Signature Debit Cards Accept MasterCard Credit Cards Only Accept all EBT Cards Accept Wright Express (WEX) cards

For Internal Use Only
ISC Verification

I accept this Merchant Processing Agreement (other than the provisions related to the IPS Amex Program) on behalf of First Savings Bank Signature: _____ Title: _____ X First Savings Bank 201 N 3rd Street, Beresford, SD 57004	I certify the information in this agreement is true and correct to the best of my knowledge and is as represented by the Merchant: Signature: _____ Date: _____ X
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