



ISG Number	Representative Name	Representative Number	Authorization Platform
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referral Partner Number	Referral Partner Name		
<input type="text"/>	<input type="text"/>		

**1. Business Information**

Doing Business As (DBA) Name	Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Merchant Website (URL)	Type of Products/Services Sold	Years of Operation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Business Name (if different from above)	Taxpayer Identification Number	Contact Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing Street Address (if different from above)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organizational Structure:  Corporation  LLC  Sole Proprietor  501C  Partnership  Government/Municipality

Due to our Go Green initiative all statements are only available electronically through our partner engage portal at [www.payroc.partnerengage.com](http://www.payroc.partnerengage.com)

**2. Payment Processing & Sales**

Are you a seasonal business? <input type="radio"/> Yes <input type="radio"/> No	Average Transaction Amount	Highest Transaction Amount									
	<input type="text"/>	<input type="text"/>									
If yes, what are the months of operation of your business?	Average Monthly Volume	Highest Monthly Volume									
<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN	<input type="text"/>	<input type="text"/>									
<input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC	<table border="1"> <tr> <td>EMV/Card Present Swiped</td> <td>Telephone Order</td> <td>eCommerce</td> <td>*Must equal</td> </tr> <tr> <td><input type="text"/> %</td> <td>+ <input type="text"/> %</td> <td>+ <input type="text"/> %</td> <td>= 100 %</td> </tr> </table>			EMV/Card Present Swiped	Telephone Order	eCommerce	*Must equal	<input type="text"/> %	+ <input type="text"/> %	+ <input type="text"/> %	= 100 %
EMV/Card Present Swiped	Telephone Order	eCommerce	*Must equal								
<input type="text"/> %	+ <input type="text"/> %	+ <input type="text"/> %	= 100 %								

**3. Beneficial Owner / Officer / Principal - Government / Municipality Contact Info to be entered here**

Control Owner / Officer / Principal \*Must include all principals owning 25% or greater of entity and at least one individual who significantly controls the legal entity, if any.

First Name	Last Name	Date of Birth	SSN	Ownership % *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Business Phone Number	Mobile Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Beneficial Owner / Officer / Principal**

First Name	Last Name	Date of Birth	SSN	Ownership % <sup>(1)</sup>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Business Phone Number	Mobile Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

(1) If additional owner / beneficiary disclosure is required please use Additional Owner Addendum.

## 4. ACH Information & Funding Choices





Name on Bank Account	Transit (ABA Routing) Number	Account Number (Credits & Debits)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Bank Account (Debits only, if applicable)	Transit (ABA Routing) Number (Debits only)	Account Number (Debits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Choices:  Standard - included in batch fee     Next Day Funding  Per Month     Same Day Money Express<sup>(2)</sup>  Per Month


Please refer to Funding Terms and Conditions in the Terms and Conditions for more detail regarding funding options (2) 4 a.m. Cut-off CST

## 5. Payment Card Acceptance

Standard Card Acceptance

 Visa Cards      MasterCard Cards      Discover Cards      American Express OptBlue

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 Debit Cards ONLY    \*You may select any card type in accordance with Card Networks Operating Regulations

## Specialty Card Acceptance

<b>American Express (retained/ESA)<sup>(3)</sup></b> Existing AMEX Merchant Number <input type="text"/>  Per Transaction <input type="text"/>	<b>Electronic Benefits Transfer (EBT)<sup>(3)</sup></b> FNS Number <input type="text"/>  Per Transaction <input type="text"/>	<b>PIN-based Debit Pricing<sup>(3)</sup></b> Per Transaction <input type="text"/>  Additional Discount (%) <input type="text"/>  Debit Monthly Access <input type="text"/>	<b>WrightExpress(WEX)<sup>(3)</sup></b> Existing WEX Merchant Number <input type="text"/>  Per Transaction <input type="text"/>
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(3) Only enabled when per transaction fee is populated above

## American Express OptBlue

By signing below Merchant agrees to accept American Express Transaction Cards (as defined in the Agreement) pursuant to Processor's Direct Settlement Program (the "Processor Amex Program"). Merchant hereby agrees with Processor to be bound by the terms and conditions of the Processor Amex Program, which shall include this Agreement, the Terms and Conditions incorporated by reference in this Agreement, the Terms and Conditions for American Express OptBlue, in connection with accepting American Express Transaction Cards. Merchant acknowledges that this agreement regarding the Processor Amex Program is between Processor and Merchant. By checking the box below, Merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Name  Title  Date



I choose to opt out of receiving future commercial marketing communications from American Express

## 6. Rates & Fees \*Only one pricing option available per application

Interchange Plus<sup>(4)</sup>  
 Tiered  
 Flat Rate<sup>(6)</sup>

Visa/Mastercard/Discover		American Express OptBlue	
Processor Assessment % on \$ Volume	Per Transaction <sup>(5)</sup>	Processor Assessment % on \$ Volume	Per Transaction <sup>(5)</sup>
Regulated Check Card	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Unregulated Check Card	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Qualified Rate	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Mid Qualified Rate	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Non Qualified Rate	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Premium Rate	_____ % \$ _____	_____ % \$ _____	_____ % \$ _____
Flat Rate	_____ % \$ _____		

(4) Only Pricing Model able to use Enhanced Interchange Service Program.  
 (5) Per transaction rate will be applied to each instance of Batch / Authorization Only / Decline in addition to the amounts set forth above you agree to pay Card Network Fees and other fees as set forth in Section 10A of the Terms and Conditions.  
 (6) If Flat Rate Pricing plan selected Processor Assessment on Volume & Per Transaction fees apply to ALL card types and includes: IBX Virtual Terminal & Gateway, Platinum Security/PCI, Monthly Maintenance Fee, Next Day Funding (for qualified merchants only). A monthly minimum charge of \$25 applies to this program. If your processing fees are less than \$25 in any given month, you will be charged the difference between your fees and \$25.

RewardPay<sup>(7)</sup>  
**Monthly Subscription**  
 \$ \_\_\_\_\_

### RewardPay Signature Debit / Prepaid Cards Only

Choose an Option:

Interchange Plus<sup>(8)</sup>: \_\_\_\_\_ % on debit/prepaid dollar volume + \_\_\_\_\_ per debit/prepaid transaction

Flat Rate: \_\_\_\_\_ % on debit/prepaid dollar volume + \_\_\_\_\_ per debit/prepaid transaction

### RewardPay Credit Card Fees

\_\_\_\_\_ % charged to cardholder at point of sale on credit card dollar volume processed<sup>(9)</sup>       No Tips       Prompt For Tip       Tip Adjust

\_\_\_\_\_ % charged to merchant on credit dollar volume processed at month end      Estimated Tip Percentage, if applicable

(7) PIN Debit not supported by the RewardPay Program.  
 (8) For Interchange Plus, Merchant also agrees to pay Interchange, Card Network Fees and other fees as set forth in the Terms and Conditions. Per transaction fee will be applied to all transactions including an authorization, batch, authorization only, decline  
 (9) Cardholder Credit Card charges deducted daily from Merchant Settlement; RewardPay Program is compliant with Card Network surcharge rules and Merchant hereby authorizes Processor or Bank to register Merchant as required by the Card Networks.

CashRewards  
**Monthly Subscription**  
 \$ \_\_\_\_\_

**Your CashRewards Pricing Plan includes all Visa/MasterCard/Discover/American Express OptBlue InterChange and Card Network Fees.**

Discount Rate % on Volume Processed <sup>(10)</sup>	Per Transaction <sup>(10)</sup>

(10) Discount Rate % and Per Transaction deducted daily, Monthly Subscription billed monthly

Municipality

Service fee includes InterChange and Card Network Fees and other fees as set forth in Section 10L of terms and conditions

A service fee of \_\_\_\_\_ % (\$ \_\_\_\_\_ minimum) will be assessed to the Cardholder on each transaction.

<input type="checkbox"/> <b>Account Updater<sup>(11)</sup></b> Setup (one-time) <input type="text"/> Monthly <input type="text"/> Per Update <input type="text"/> (11) The Account Updater Amendment is required in order to complete setup	<input type="checkbox"/> <b>Mobile Processing</b> Setup (one time) <input type="text"/> Per User <input type="text"/> Network Monthly <input type="text"/> Per Transaction <input type="text"/>	<input type="checkbox"/> <b>Enhanced Interchange Service</b> Enrollment Fee (one time) <input type="text"/> EIS Credit Percentage to Merchant <input type="text"/> Local Tax Rate <sup>(12)</sup> <input type="text"/> (12) Refer to section 10L of the terms and conditions for details that specify 1.) the monthly calculation of the Enhanced Interchange Service - credit, and, 2.) if the local tax rate is left blank, Merchant authorizes Processor to input the current tax rate from commercially available tax lookup tables using the Merchant's Business Information zip code.	<input type="checkbox"/> <b>Wireless Processing</b> Setup (one-time) <input type="text"/> Per Transaction <input type="text"/> Network Monthly Access <input type="text"/>
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<input type="checkbox"/> <b>Software Integration</b> Software Name <input type="text"/> Installation, License, Activation (one-time) <input type="text"/> Monthly Usage <input type="text"/> Per Transaction <input type="text"/> Additional User License Fee <input type="text"/> Additional Location Fee <input type="text"/>	<input type="checkbox"/> <b>Gateway</b> Gateway Name <input type="text"/> Set up (one-time) <input type="text"/> Gateway Monthly <input type="text"/> Per Transaction <input type="text"/> Vault/Tokenization Monthly <input type="text"/> Vault/Tokenization Per Transaction <input type="text"/>	Address Verification (AVS) Per Occurrence <input type="text"/> Annual Fee <input type="text"/> Bill in <input type="checkbox"/> June <input type="checkbox"/> December Regulatory Assistance Program <sup>(13)</sup> <input type="text"/> PCI Non Compliance <input type="text" value="\$19.99"/> Payroc Advantage <sup>(15)</sup> <input type="text"/> (13) Billed annually in March to merchants boarded prior to December 1st of the previous year. (14) Billed annually on the 3rd month after the merchant's approval date. (15) Refer to the Payroc Advantage Section in section 10F of the Terms and Conditions. <b>Early Termination:</b> Refer to Section 15E Terms and Conditions <b>PCI Non-Compliance:</b> Refer to Section 3I of the Terms and Conditions	Monthly Online Portal Access <input type="text"/> Platinum Security/PCI <input type="checkbox"/> \$12.95 Monthly <input type="checkbox"/> \$155.40 Annually <sup>(14)</sup> Monthly Maintenance <input type="text"/> Monthly Minimum <input type="text"/> Voice Authorization Per Occurrence <input type="text" value="\$0.95"/> Chargeback Per Occurrence <input type="text" value="\$25.00"/> Retrieval Per Occurrence <input type="text" value="\$15.00"/>
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**Merchant Acceptance**

The undersigned represents and warrants to Processor and Bank that all of the terms and conditions of this Merchant Processing Agreement consisting of this entire document in addition to any other documentation or addendum has been received and reviewed in its entirety, is true and correct, and sets forth the Agreement between Processor, Bank and MERCHANT. Also, the undersigned authorizes Processor and Bank (and their representatives) to investigate the credit of each person listed on the Agreement and represents that the undersigned has the authority to provide information and execute this Agreement with Processor and Bank. Processor and Bank shall accept this Agreement at its offices following underwriting and approval, by the assignment to MERCHANT of a merchant processing identification number. As per Sections 6, 8A and 10A of the Terms and Conditions, by signing the Agreement you hereby authorize Processor and Bank (and its vendors and agents), using the ACH system or other electronic means, to initiate such credit and debit entries to the settlement account (or at any other account maintained by you at any institution that is a receiving member of ACH) all in accordance with this Agreement. This authorization is to remain in effect until such time as all of your obligations to Processor and Bank have been paid in full.

**IMPORTANT MEMBER BANK RESPONSIBILITIES:**

Member Bank: Fifth Third Bank (see Section 19N of the Terms and Conditions for contact information)

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

**IMPORTANT MERCHANT RESPONSIBILITIES:**

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargeback below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Please initial to confirm that you have received a copy of the Terms and Conditions. (Terms and Conditions)

Initial Here

\*Processor delivers the Terms and Conditions in your Welcome Kit, which is sent to you via email; the Terms and Conditions are also available at [www.payroc.partnerengage.com](http://www.payroc.partnerengage.com).

Name  Title  Date

Sign Here

**Personal Guaranty**

The undersigned guarantees to Processor and Bank the performance of this Agreement and any addendum or amendment thereto, including payment of all sums due and any attorneys fees and costs associated with enforcement of the terms thereof. Neither Processor nor Bank shall be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guarantee and shall not be discharged or affected by death of the undersigned and shall bind the heirs, administrators, representatives, and assigns and may be enforced by or for the benefit of any successor processor. The term of this guarantee shall be for the duration of the Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur during the term thereof though enforcement shall be sought subsequent to any termination. This guaranty is subject to, and incorporates herein, the Arbitration provisions set forth in Section 18 of the Terms and Conditions and the miscellaneous provisions, including governing law and venue, set forth in Section 19 of the Terms and Conditions.

Sign Here
 Name  Date



Merchant Name: \_\_\_\_\_ App #: \_\_\_\_\_

Teletrain:  PROCESSOR  AGENT

## Terminal Set Up Information

<input type="checkbox"/> Ship <input type="checkbox"/> File Only    Quantity _____ Terminal Type: _____ <input type="checkbox"/> Ship <input type="checkbox"/> File Only    Quantity _____ Terminal Type: _____	
<b>Pin Debit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Pin Pad: <input type="checkbox"/> Internal <input type="checkbox"/> External Quantity _____ Pin Pad Type: _____	<b>If shipping equipment, Please provide information listed below.</b> Name _____ Phone _____  Street _____  City State Zip _____
<b>Connection Type:</b> <input type="checkbox"/> Dial-Up <input type="checkbox"/> Ethernet <input type="checkbox"/> Wireless <input type="checkbox"/> WiFi <input type="checkbox"/> Mobile	
<b>EBT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    FNS# _____	
<b>Application Type:</b> <input type="checkbox"/> No Tip <input type="checkbox"/> Tip Line/Adjustment <input type="checkbox"/> Lodging <input type="checkbox"/> Prompt for Tip <input type="checkbox"/> Quick Pay/QSR <input type="checkbox"/> Fuel	<b>Retail / Moto:</b> <input type="checkbox"/> AVS <input type="checkbox"/> Purchase Card / Level 2 <input type="checkbox"/> Invoice # Prompt <input type="checkbox"/> CVV 2 <input type="checkbox"/> Multi Merchant _____ Parent MID#
<b>Payment Terms:</b> <input type="checkbox"/> Sale <input type="checkbox"/> Lease <b>Choose one of the following payment types.</b> <input type="checkbox"/> ACH Merchant <input type="checkbox"/> ACH ISG <input type="checkbox"/> Residual Payment ISG	<b>Restaurant:</b> <input type="checkbox"/> Servers _____ Number of Servers _____ <input type="checkbox"/> Suggested Tip _____ % _____ % _____ %  <b>Auto-Close++</b> <input type="checkbox"/> Time _____ <b>RewardPay</b> _____ %
<b>Receipt Footer:</b>	

## VAR / GATEWAY / POS SETUP INFORMATION

<b>VAR Setup:</b> _____ Quantity _____ PC/Internet Software Name _____ Version# _____ Gateway/Middleware Name (if Applicable) _____ Version# _____ Direct Reseller Contact Name _____ Phone # _____	<b>Gateway Setup - Virtual Terminal Only</b> Will the cards be present? <input type="checkbox"/> Yes <input type="checkbox"/> No    Recurring Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No Card Reader Type _____ Merchant Email: _____
<b>Gateway Type:</b> <input type="checkbox"/> IBX <input type="checkbox"/> iTransact <input type="checkbox"/> NMI <input type="checkbox"/> PayTrace <input type="checkbox"/> Auth.net <input type="checkbox"/> Other _____	
Primary User Email _____ User Type: Admin Mobile # _____ Carrier _____ <b>Additional Users:</b> Email _____ User Type: Admin/Member Email _____ User Type: Admin/Member Email _____ User Type: Admin/Member Email _____ User Type: Admin/Member <input type="checkbox"/> Customer Vault <input type="checkbox"/> Level 2/3 <input type="checkbox"/> Tax Rate _____ % <input type="checkbox"/> Recurring Billing <input type="checkbox"/> Mobile <input type="checkbox"/> Auto settle time: _____	<b>Gateway Setup</b> <input type="checkbox"/> Processor <input type="checkbox"/> Representative Apply for new account? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____ Shopping Cart Name: _____ Merchant Email: _____ Web Developer Name & Phone # _____ Billed By: <input type="checkbox"/> Processor <input type="checkbox"/> 3rd Party Gateway If Billed by 3 <sup>rd</sup> Party:    Setup: \$ _____ Monthly: \$ _____    Transaction Fee: \$ _____
<b>Comments:</b>	

**REPRESENTATIVE VERIFICATION**

I certify the information in this Agreement is true and correct to the best of my knowledge and is as represented by the Merchant:

Sign Here

REPRESENTATIVE VERIFICATION

Name

Title