

General Business Information

DBA Name		MCC:	Service Org.:	
Business Address Line 1			Comp Type (option and not common)	
Business Address Line 2			Referral Partner(option and not common)	
City	State	Zip		
Business Email		Business Ph. Number	Fax Number (optional, used for chargebacks)	
Mailing Address (if different)		City	State	Zip
Web Address (www.example.com)		<input type="checkbox"/> I'd like to receive my statements online only. <input type="checkbox"/> I'd like to receive my tax forms online only.		

Legal Information

Legal Name	Federal Tax ID	State of Registration	<input type="checkbox"/> Currently open for business?
<input type="checkbox"/> Accept or previously accepted payment cards?		<input type="checkbox"/> Terminated/Identified by Risk Monitoring? If Yes, please:	
Ownership Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non profit/Tax Exempt <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Association/Estate /Trust			
Season businesses - Check which months you're open: <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="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			

Profile Information

Annual Volume	Average Ticket	High Ticket
Card Present % (swiped, chip terminal transactions)	Card not Present % (keyed, ecomm, entered transactions)	<input type="checkbox"/> Does Card Not Present include Ecommerce?
<input type="checkbox"/> Future Delivery	Please specify the % of future delivery:	Future delivery days: <input type="checkbox"/> 1-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> other:
Refund/Return Policy:		Products/Services Sold:
* Only for 5941 (Sporting Goods Stores) If Merchant sells firearms or firearms accessories, must attach image of Federal Firearms License (FFL)		<input type="checkbox"/> Yes, Merchant sells firearms. <input type="checkbox"/> Does Merchant sell firearm accessories?

Site Survey

<input type="checkbox"/> This site survey is conducted in person.	If no, how did you find merchant?	<input type="checkbox"/> Web Lead	<input type="checkbox"/> I called merchant	<input type="checkbox"/> Merchant called me
Main merchant location: <input type="checkbox"/> Brick & Morter <input type="checkbox"/> Tradeshow <input type="checkbox"/> Residence <input type="checkbox"/> Other. Please list:				
<input type="checkbox"/> Inventory matches the products/services sold.	<input type="checkbox"/> Valid Government issued identification is verified.	* Preferred * Attach image of valid government ID.		

By signing below, I verify that (i) I have physically inspected the business premises or I verified the Merchant via the phone which included obtaining a copy of a valid picture ID, which I have included with the application, and that (ii) the information stated in this Site Inpsection Form is to the best of my knowledge and is as presented to me by the Merchant.

Sales Representative Signaure:

Agent sign name here

 Date _____

Sales Representative Name (Please Print): _____

Banking Information *Deposits, Fees and Chargebacks must all be accounted for. | It is encouraged to provide a voided check and bank letter for verification.

Bank Name	Name on Bank Account	Routing Number	Account Number
Specify account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Select all that apply; Account use: <input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input type="checkbox"/> Chargebacks	

Banking Information #2 (optional)

Bank Name	Name on Bank Account	Routing Number	Account Number
Specify account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Select all that apply; Account use: <input type="checkbox"/> Deposits <input type="checkbox"/> Fees <input type="checkbox"/> Chargebacks	

☐ I agree that the name on the bank account listed for deposits matches this merchant’s legal name or this merchant’s DBA name.

Contact Information: Please provide information for all owners with 25% or more ownership.

Full Name (First & Last)		Select what type of Contact you’re adding: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Business Contact: SSN, Ownership %, DOB and Address not required for Business Contact.	
Email	Ph. Number	Fax	
DOB	SSN - -	Country of Citizenship	Title
Home Address	City	State	Zip
Choose the following to represent this contact: <input type="checkbox"/> Compass User <input type="checkbox"/> Primary Contact		Ownership %:	

Contact Information #2 (Optional): Please provide information for all owners with 25% or more ownership.

Full Name (First & Last)		Choose what type(s) of Contact you’re adding: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Business Contact: SSN, Ownership %, DOB and Address not required for BC.	
Email	Ph. Number	Fax	
DOB	SSN - -	Country of Citizenship	Title
Home Address	City	State	Zip
Choose the following to represent this contact: <input type="checkbox"/> Compass User <input type="checkbox"/> Primary Contact		Ownership %:	

Contact Information #3 (Optional): Please provide information for all owners with 25% or more ownership.

Full Name (First & Last)		Choose what type(s) of Contact you’re adding: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Business Contact: SSN, Ownership %, DOB and Address not required for BC.	
Email	Ph. Number	Fax	
DOB	SSN - -	Country of Citizenship	Title
Home Address	City	State	Zip
Choose the following to represent this contact: <input type="checkbox"/> Compass User <input type="checkbox"/> Primary Contact		Ownership %:	

☐ All owners with 25% ownership or above are listed above.

Choose Card Types to Apply:

☐ Visa ☐ American Express ☐ PIN Debit

☐ Mastercard If yes: ☐ American Express: Opt Blue ☐ EBT

☐ Discover ☐ American Express: ESA/Direct EBT# _____

AMEX ESA/DIREXT MID ID:# _____

Date		Merchant ID		DBA	
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Merchant Equipment																
Terminal	Reprogram	Stage Only	Card Reader	PinPad	Front End		Equipment, Point of Sale or Clearent Virtual Terminal *Pax reprograms require serial number	Quantity	Communication:							
					Quest – No PIN Debit or Dial	TSYS – No Quick Chip			Primary				Secondary			
									IP/Ethernet	WIFI	Dial* Indicate Prefix	GPRS* Sim Fees Apply	IP/Ethernet	WIFI	Dial* Indicate Prefix	GPRS* Sim Fees Apply

PinPad Detail	
PIN Debit Type Internal External: _____	EBT EMV PinPad Only *No Pin Debit

Processing Options	
Customer Receipt Confirm Automatic	Cash Discount Percentage _____ % Flat Fee \$ _____
Cash Back MOTO P2PE (Additional Fees: Pax & Dejavo Quest Only)	Quick Serve Under \$25 Under \$50 Level II/B2B Invoice # AVS Clerk

Batch Options	
Auto Close _____ : _____ AM PM	
Verifone Totals (Default) Detail Both	Ingenico Summary (Default) Detail
Pax Totals Only (Default) Journal/Detail Condensed Short	Dejavo Detail (Default) Disable Auto Updates *Additional reports must be created in terminal face

Password Options	
Void: _____	Refund: _____
Settlement: _____	Offline: _____
Reports: _____	Disable all PW (Dejavoo Only)

Quest Setup Information	
Hosted Payments – Domain Name	Account Updater: (Fees Applicable)
VT EMV \$3.95/First Terminal \$1.95/Adl Terminal/per Month Reader: _____	VT P2PE \$1.50 per Month/Terminal

Tip Environment Options		
Tip Processing Options Tip Line (Post-Sale) Tip on Purchase Prompt (During Sale)	Tip Assist 15%, 18%, 20% Custom: _____ / _____ / _____	
Allow Settle with Unadjusted Tips	Settle with Open Tabs	Server Prompt

Notes & Special Instructions (Footer & Additional Settings)	

Shipping Information – If left blank, the default shipping will be the DBA.			
AE	DBA	Principal Home	Other
Name:		Phone:	
Address:		Suite/APT:	
City:	State:		Zip:
Shipping Method			
2 nd Day (Included)	Standard Next Day (\$30)	Next Day Air Early (Pass Through Cost)	Saturday (Pass Through Cost)
Bill To:	AE	Merchant	

 Total: \$ _____ Signature: Merchant sign name here Printed Name: _____

Pricing information - Empower Pricing * To be completed by a sales representative.

Transaction/Settlement Fees

Settlement Type:	<input checked="" type="checkbox"/> Daily	Monthly settlement is not an option using Empower Pricing.	
Plan Type:	<input type="checkbox"/> Cash Discount	<input type="checkbox"/> Surcharge	
		Rate	Per Item
Credit (All Card Types)		%	\$
Debit/Prepaid (All Card Types)	(Surcharging Only)	%	\$
Amex Direct/ESA Fee	(AMEX direct only)	n/a	
EBT:		n/a	\$
<input type="checkbox"/> PIN-Based Debit?	<input type="checkbox"/> Pass through network fees?	%	\$
Auth Fee		n/a	\$
<input type="checkbox"/> Express Merchant Funding	optional	%	n/a

Other Fees

3rd Party Annual Fee	\$
3rd Party Monthly Fee	\$
3rd Party Per Transaction Fee	\$
3rd Party Setup Fee	\$

Clearent Gateway/Virtual Terminal

Virtual Terminal Monthly Fee	n/a	\$
P2P Encryption Monthly Fee (per device)	# devices	\$
EMV Cloud (per device)	# devices	\$
<input type="checkbox"/> Account Updater Setup Fee	n/a	\$
Account Updater per Match Fee	n/a	\$
Paylink	n/a	\$

Account Fees

Monthly Account Fee:	\$		
PCI Non Complete Fee	\$ 39.95		
Data Guardian Fee	\$		
Retreival Fee	\$		
Chargeback Fee	\$		
Annual Fee:	\$	Effective Month:	
Semi-Annual Fee *2months required:	\$	Month 1:	Month 2:
App Processing Fee:	\$	Effective Month:	
Monthly Minimum Discount	\$		
Monthly Statement	\$		
Voice Authorization	\$		
Batch Processing	\$		
Non Supported Help Desk Call	\$		
Debit Access Fee	\$		
AVS Transactions (Surcharge)	\$		
Gross Settlement Fee	\$		
Monthly Compass Online Reporting Fee:	\$		
IVR Dial Pay Authorization	\$		
Annual Regulatory Fee	\$		

Merchant Acceptance of Application & Agreement

By signing below on behalf of the merchant described above ("Merchant") the undersigned individual(s) hereby: (i) Represents and warrants that all information contained in this application is true, correct and complete and that such individual(s) have the requisite power and authority to complete, submit and agree to the terms of this Merchant Application and version v20191001 of the Merchant Agreement available at www.clearent.com/merchantagreement , and which is hereby incorporated by reference (collectively the "Agreement") on behalf of themselves and Merchant; (ii) confirms that Merchant has reviewed and agrees to be bound by the terms and conditions of the full Agreement; (iii) authorizes Bank and Clearent to request a consumer credit report or reports from one or more consumer reporting agencies; (iv) agrees to allow the Bank and Clearent the right to conduct a physical inspection of Merchant's business premises to assure that the proper facilities, equipment, inventory, and necessary license or permit are present to conduct business; (v) authorizes the Bank, Clearent or their agents to initiate credit and/or debit entries to the account identified in this Merchant Application for amounts originating under the Agreement; and (vi) agrees to maintain a sufficient balance in the authorized bank account (Settlement Account) to cover all liabilities incurred under the Agreement.

The Agreement constitutes the entire agreement between the parties with respect to the subject matter and supersedes any prior agreements and understandings between the parties.

IN WITNESS WHEREOF, the parties have caused the Agreement to be executed by their duly authorized officers:

Principal Authorized Signer: Merchant sign name here	Name Printed:	Title:	Date:
Secondary Authorized Signer:	Name Printed:	Title:	Date:
Clearent Authorized Signer:	Name Printed:	Title:	Date:
Bank Authorized Signer:	Name Printed:	Title:	Date:

Personal Guaranty. In consideration of Bank's acceptance of this Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank and Clearent under the Agreement, and payment of all sums due thereunder. This is a continuing guaranty and Guarantor agrees that it shall remain in full force and effect until the Agreement is terminated and any associated indebtedness by Merchant is paid in full. Notice of default by Merchant is hereby expressly waived, and it is expressly stipulated that no delay or omission on the part of Bank or Clearent in enforcing the collection of their claims or demands against Merchant shall be held to in any way impair or affect the liability of Guarantor hereunder. Guarantor waives any and all defenses based on suretyship or impairment of collateral. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank or Clearent in connection with the enforcement of this Guaranty. This guaranty shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of Guarantor, Bank and Clearent.

Guarantor Authorized Signer: Merchant sign name here	Name Printed:	Date:
Guarantor Authorized Signer:	Name Printed:	Date:

Taxpayer Information

To comply with Internal Revenue Service (IRS) and card association reporting requirements, we must know the legal name of your business and its Taxpayer Identification Number (TIN). Please complete the W-9 below, making sure it matches your EIN letter (IRS notification CP 575 A), a copy of your W-9, and/or your tax return. To see complete instructions for the W-9, go to <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Form **W-9**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if differs from above (Doing Business As (DBA) name)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social security number

- -

Employer identification number

-

Note: Please see detailed instructions at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Sign
Here

Signature of
U.S. person:

Merchant sign name here

Date:

Bank Disclosure

Merchant Services Provider (Processor) Contact Information

Name: Clearent, LLC
Address: 11330 Olive Blvd, Creve Coeur, MO 63141
Website URL: www.clearent.com
Phone: 314-732-0515

Member Bank Information

Name: Central Bank of St. Louis
Address: 7707 Forsyth Blvd, Clayton, MO 63105
Phone: 314-746-4642

Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and MasterCard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve.

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Organization rules.
- Retain a signed copy of this Disclosure Page.

Merchant Resources

- You may download "Visa Regulations" from Visa's website at:
<https://usa.visa.com/support/small-business/regulations-fees.html#3>
- You may download "MasterCard Rules" from MasterCard's website at:
<http://www.mastercard.com/us/merchant/support/rules.html>

The responsibilities above do not replace the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

Merchant Information

Business Legal Name (Printed):			
Business Address:			
Business Phone Number:			
Signature of Business Principal:	Name of Business Principal (Printed):	Title:	Date:
Merchant sign name here			