

Date: _____ AWB # _____

<input type="checkbox"/> New Location	<input type="checkbox"/> Additional Location	Existing MID: _____	Chain #: _____	Short Name _____	Location _____ of _____
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Merchant Application

Merchant Information	DBA Name: _____			DBA Phone #: _____		Ext. _____
	Contact Name: _____			DBA Fax #: _____		
	Cell Phone #: _____			Customer Service Phone #: _____		
	DBA Address: _____			Email Address: _____		
	City: _____		State: _____	Zip Code: _____	Federal Tax ID: _____	
	Previous Processor: _____		Year Established: _____		Length of Current Ownership: _____ years, _____ months	

Corporate Information	Legal/Corporate Name: _____			Legal/Corporate Phone #: _____		Ext. _____
	Legal/Corporate Contact Name: _____			Legal/Corporate Fax #: _____		
	Legal/Corporate Address: _____					
	City: _____		State: _____	Zip Code: _____		

Business Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> C Corp/Private/Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government					
	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status)					
	<input type="checkbox"/> Other (Assn/Estate/Trust)					

Principal Information 1 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	

Principal Information 2 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	

Other Merchant Information	Average Sale Amount: \$ _____		Description of product or services offered: _____							
	Total Monthly VISA®/MC/Discover Network® Sales: \$ _____			MCC: _____						
	Card Present (swiped)	%	For Card Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)							
	Card Present (not swiped)	%								
	Mail Order	%					For Card Not Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)			
	Telephone Order	%								
Internet	%	For Internet Transactions , list the product web site: _____								
Total	100%									
Do you use a fulfillment house or telemarketing company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of company: _____ Address: _____ Phone #: _____										
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> (Merchant must notify to close and reopen): <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 Bank Name (if different): _____	ABA/Routing #: _____ DDA Account #: _____

Reporting	<input type="checkbox"/> MCP # Users Monthly Fee \$ Set Up Type (check one) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT Set Up Fee \$
	<input type="checkbox"/> ACS Remote ID Set Up Fee \$ Monthly Fee \$

Pricing Program	Monetary (5 digits)	Authorization (5 digits)	Equipment 59999	Miscellaneous 69999
	*only use if MSP office has a special pricing program: otherwise Elavon use only.			

ECS Product Selection and Pricing	Processing Options: <input type="checkbox"/> POP (Point of Purchase) <input type="checkbox"/> ARC (Accounts Receivable Conversion) <input type="checkbox"/> ECS Auth Only 1. ANNUAL check volume: \$ 2. Average check amount: \$ 3. Maximum check amount: \$ ECS Monthly Minimum: \$	Additional Service Options	Please check box for each additional service option <input type="checkbox"/> NSF Service Fee Processing @ \$2.00 per NSF item. Not applicable for POP Guarantee and all ARC products. <input type="checkbox"/> Enquire Reporting Access: # users: @ \$ each per month <input type="checkbox"/> Turn off return memo advices
	<input type="checkbox"/> Conversion with Guarantee Guarantee Rate: % Per Transaction: \$		
	<input type="checkbox"/> Conversion with Verification <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$		
	<input type="checkbox"/> Conversion Only <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$		

Gift Card Product Selection and Pricing	Cards <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Custom Card Quantity Price _____ \$ _____ _____ \$ _____ _____ \$ _____	Service Fees	Pricing <input type="checkbox"/> Monthly Pricing: \$ per month (Includes Transactions per Location annually. Additional Transactions billed \$0.29 per Transaction) OR <input type="checkbox"/> Transaction Pricing: \$ per Transaction and \$ per month
	Kits <input type="checkbox"/> Plexi Stand (Kit #1) \$ _____ x _____ <input type="checkbox"/> Posters (2)/Buttons (10) (Kit #2) \$ _____ x _____ <input type="checkbox"/> Card Badges (25) (Kit #3) \$ _____ x _____		
	Carriers <input type="checkbox"/> Card Carriers (enter total cards) \$.20 x _____ # _____ of Style _____ # _____ of Style _____ # _____ of Style _____ (Multiples of 100 only)		
	Options <input type="checkbox"/> Monthly Online Admin - # Users \$ _____ <input type="checkbox"/> Custom Card Upgrade \$ _____		

> Text or Logo Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Burgundy <input type="checkbox"/> Dark Blue <input type="checkbox"/> Dark Green <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Purple
> Card Style: <input type="checkbox"/> Retail #001 <input type="checkbox"/> Retail #002 <input type="checkbox"/> Dining #003 <input type="checkbox"/> Dining #004 <input type="checkbox"/> Multi #005 <input type="checkbox"/> Multi #006 <input type="checkbox"/> Multi #012 <input type="checkbox"/> Multi #013 <input type="checkbox"/> Specialty #008 <input type="checkbox"/> Specialty #011
> Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> As submitted
> Imprint: <input type="checkbox"/> Logo (ELECTRONIC artwork meeting specifications MUST be submitted to EGCArtwork@elavon.com) OR <input type="checkbox"/> TEXT (Imprinting details MUST be entered below): > Font (Select ONE): <input type="checkbox"/> Arial <input type="checkbox"/> <i>Brush Script</i> <input type="checkbox"/> Times New Roman > Text Case (Select ONE): <input type="checkbox"/> Title Case <input type="checkbox"/> UPPER CASE <input type="checkbox"/> lower case <input type="checkbox"/> As submitted Text Line 1 _____ (33 char. Max.) Text Line 2 _____ (33 char. Max.) Text Line 3 _____ (33 char. Max.)

Money Manager	<input type="checkbox"/> Money Manager Specified Amount _____
	<input type="checkbox"/> Working Capital
Vendor: _____	

Merchant Application: Sales Worksheet

Account Designation	Portfolio Code:	FI:	Agent:	Bank #:
	Branch #:	Lead Referral #:	Banker ID:	Client Group #:
	Rep Name:	Rep Phone #:	Rep #:	Entity:

Mailing/ Shipping	<input type="checkbox"/> DBA or <input type="checkbox"/> Corporate Mail Statements	<input type="checkbox"/> DBA or <input type="checkbox"/> Corporate or <input type="checkbox"/> See Special Instructions Shipping	<input type="checkbox"/> Mail To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate or <input type="checkbox"/> Fax To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate Retrievals	<input type="checkbox"/> Mail To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate or <input type="checkbox"/> Fax To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate Chargeback
Auto Send: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Chain merchants only – must include chain set up form)				

Other	Industry Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> MO/TO <input type="checkbox"/> Lodging <input type="checkbox"/> Internet <input type="checkbox"/> Emerging Market <input type="checkbox"/> Pay at Pump <input type="checkbox"/> Supermarket			
	Network: <input type="checkbox"/> Elavon <input type="checkbox"/> Other:			
	Check Service Company: Name:		Service #:	
Primary Phone #:		Secondary Phone #:		

Equipment Programming Requirements	POS Desc: Quantity: VAR Manufacturer: VAR Software: Version:
	Indicate Services required for this equipment: <input type="checkbox"/> VISA@/MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Diners <input type="checkbox"/> JCB <input type="checkbox"/> ECS <input type="checkbox"/> EBT <input type="checkbox"/> Amex Rvrs. <input type="checkbox"/> PIP/Split <input type="checkbox"/> Electronic Gift Cards <input type="checkbox"/> Pin Based Debit <input type="checkbox"/> SCAN <input type="checkbox"/> Fleet Terminal Dial
	Environment
	<input type="checkbox"/> Retail (Host Auto Close Default) <input type="checkbox"/> Quick Close <input type="checkbox"/> Terminal Auto Close <input type="checkbox"/> Tip Function Waiter <input type="checkbox"/> Tip Function Cashier <input type="checkbox"/> Cash Back Pin Debit
	<input type="checkbox"/> Restaurant (Quick Close Default) <input type="checkbox"/> Server Prompt <input type="checkbox"/> Tip Function Waiter <input type="checkbox"/> Tip Function Cashier <input type="checkbox"/> Fine Dining
	<input type="checkbox"/> Card Not Present (Host Auto Close Default) <input type="checkbox"/> Quick Close <input type="checkbox"/> Terminal Auto Close
	<input type="checkbox"/> Lodging (Quick Close Default)
	Additional Prompts: (added during training) <input type="checkbox"/> Invoice Prompt <input type="checkbox"/> B to B (prompt all) <input type="checkbox"/> Tab Function <input type="checkbox"/> Multi-MID: Existing MID: or DBA:
Phone Information: Access #: <input type="checkbox"/> Dedicated Line <input type="checkbox"/> Shared Line with Fax <input type="checkbox"/> No Training <input type="checkbox"/> No Training (FIS) <input type="checkbox"/> Training Only <input type="checkbox"/> Download Only <input type="checkbox"/> Download and Training	
Training Requirements: Contact Name: Contact Phone #:	

Single Level Chain Request	<input type="checkbox"/> New Chain <input type="checkbox"/> Addition to existing chain: Chain Number	
	Chain Name and Address: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate <input type="checkbox"/> Chain Address (below)	
	Chain Name:	Chain Phone#:
	Chain Address:	Send Chain Summary Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Send
	City:	State: Zip Code: Send Chain Statement: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate <input type="checkbox"/> Chain Address
	Merchant Segment: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> T & E <input type="checkbox"/> Business to Business	
	Chain Deposit Account: <input type="checkbox"/> Default to MID <input type="checkbox"/> Chain	
	Chain Deposit Bank Name:	ABA/Routing #: DDA Account #:
	Chain Billing Account (if different) <input type="checkbox"/> Default to MID <input type="checkbox"/> Chain	
	Chain Billing Bank Name:	ABA/Routing #: DDA Account #:

Special Instructions	<input type="checkbox"/> Credit Underwriting Notes:
	<input type="checkbox"/> Set Up/Training Instructions:
	<input type="checkbox"/> Shipping/Deployment Instructions:

On Site Inspection	Have you physically been on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchant name as it appears on signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the physical site inspected the same as the DBA address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchandise consistent with type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this a retail location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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):	
	I certify that the above information is true, complete and accurate: (Signature of Rep)	
Printed Name:	Rep #:	Date:

Filename: New Merch App - ASv08a INTERNAL (2)
Directory: C:\Users\Owner\Documents
Template: C:\Users\Owner\AppData\Roaming\Microsoft\Templates\Normal.
dotm
Title: 0 New Location
Subject:
Author: Patrick Harris
Keywords:
Comments:
Creation Date: 9/21/2008 4:10:00 AM
Change Number: 2
Last Saved On: 9/21/2008 4:10:00 AM
Last Saved By: Dean Slover
Total Editing Time: 2 Minutes
Last Printed On: 10/3/2008 1:41:00 PM
As of Last Complete Printing
Number of Pages: 4
Number of Words: 3,559 (approx.)
Number of Characters: 20,290 (approx.)