



Internet Commerce Consulting/Merchant Services

Congratulations! You will soon be on your way to Processing Credit Cards online and in real time. This procedure is almost complete. We will need a few signatures on these documents that follow. These documents will be submitted to our Bank, and then Mastercard, Visa and American Express for final approval.

To complete your paperwork I will need you to fill out all highlighted areas on all documents. Before sending any documents back please double check to see if indeed all areas have been signed or filled out. To complete the approval process I will need a few items from you.

- One Printed Voided Check form your Business Checking
- Copy of Fictitious Listing (DBA) or Articles of Incorporation if PRINTED CHECK is unavailable
- Method of Payment For Fees (we accept Mastercard, Visa or American Express), or checks made out to: **Merchant Services**
- Completed and Signed Application from the First Bank of Beverly Hills

Please mail all completed pages to:

Merchant Services
1031 Clyde Ave., Ste. #1603
Santa Clara, CA 95054
Phone: 888-258-4239 or 408-986-9740
FAX: 707-516-1061

MSI

APPLICATION CHECKLIST

Sales Associate Name: MIKE FENIMORE

Number:

Merchant (DBA) Name:

Date:

* 1. MERCHANT APPLICATION

* 2. AMERICAN EXPRESS ESA APPLICATION

3. EQUIPMENT ORDER FORM

* 4. VOIDED CHECK (OR BANK LETTER WITH COUNTER CHECK)

* 5. PICTURE OF INSIDE (SHOWING MERCHANDISE) (ONLY IF NO ACTIVE WEBSITE)

* 6. PICTURE OF OUTSIDE (SHOWING D/B/A/ SIGN) (ONLY IF NO ACTIVE WEBSITE)

7. PROCESSING STATEMENTS (3 CURRENT MONTHS)

8. MO/TO STATEMENT (IF NECESSARY)

* 9. SAMPLES/EXAMPLES OF PRODUCTS AND/OR MARKETING MATERIALS

(ONLY IF NO ACTIVE WEBSITE)

10. DEBIT (ATM) CARD APPLICATION

11. CHECKRITE VERIFICATION APPLICATION

12. CROSSCHECK GUARANTY APPLICATION

* 13. CHECK FOR UPFRONT FEES (\$ 299.00)

14. AGENT BANK NAME: FBBH

NUMBER: 00042

15. SHIPPING INSTRUCTIONS SHEET

16. EQUIPMENT LEASE COUNTY

SALES TAX %

17. MSI PERFORMS INSTALLATION @ \$20

Yes _____ No _____

COMMENTS: Need copy of: Business License or Articles of Incorporation if voided check is not pre-printed.

MAIL TO: MERCHANT SERVICES
1031 CLYDE AVE., STE. #1603
SANTA CLARA, CA 95054

Regional Manager:

Review Date:

MERCHANT SERVICES

1031 CLYDE AVE., STE.# 1603, SANTA CLARA, CA 95054

Phone: 1-888-258-4239 Fax: 707-516-1061

Agents For:
FBBH, FWB, NDC
& WNB

Date:	Referred by:	Representative #: Name: MIKE FENIMORE	RECEIPT/QUOTE
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Merchant Name:		Tel:	
Address:			
City:	State:	Zip:	
Contact:		Fax:	

Product:	Average Ticket \$	Annual Volume \$
Application Fees (non-refundable)*		
Visa / MasterCard / Amex	\$ 75.00	
Visa / MasterCard / Amex Mail Order / Internet	\$ 199.00	
POS ATM Debit	\$ 55.00	
Check Verification	\$ 25.00	
Check Guarantee	\$ 25.00	
Other: Discover Card Set-Up	WAIVED	
	Application Fees Total:	\$ 199.00

<u>Visa / Mastercard</u>	<u>Swiped</u>	<u>Keyed</u>	<u>Paymentnet</u>	<u>Rate</u>
Discount Fee	1.69%	2.50%	Gateway Access Fee	\$ 10.00
Transaction Fee	\$0.40 per transaction			
Monthly Statement Fee	\$10.00			
Monthly Minimum Fee	\$20.00			
American Express	Rate			
Discount Fee	3.75%			

<u>Electronic Terminal Type</u>	<u>Printer Type</u>	<u>Pin Pad</u>	<u>Software</u>
<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New	Paymentnet <input type="checkbox"/> Windows
<input type="checkbox"/> Remanufactured	<input type="checkbox"/> Remanufactured	<input type="checkbox"/> Remanufactured	<input type="checkbox"/> DOS
<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Customer Owned	<input type="checkbox"/> Mac
Accessories: <input type="checkbox"/> Hand Imprinter <input type="checkbox"/> Stacker <input type="checkbox"/> Banner <input type="checkbox"/> Pin Pad Mount <input type="checkbox"/> Check Reader			

Lease: 48 Months 36 Months 24 Months 12 Months

\$ _____ *Equipment Lease

\$ _____ *Sales tax

\$ _____ *Total Monthly Lease

\$ _____ Lease Total

Make Check Payable to: _____

Purchase	Cash Purchase	=	\$ 100.00	
	Sales Tax	=	\$ N/A	Purchase Total: \$ 100.00

X Merchant Signature I acknowledge receipt of this form and that the information is correct	Total Deposit Received:	\$ _____
	Charges Due (REFERRAL SPECIAL)	\$ 299.00
	Please make checks payable to: MERCHANT SERVICES	



MERCHANT SERVICES, INC

Establishment Services

AMERICAN EXPRESS® CARD ACCEPTANCE AGREEMENT

This American Express® Card Acceptance Agreement ("Agreement") becomes effective upon approval of your business entity ("you" and related words) to accept the American Express Card by American Express Travel Related Services Company, Inc. and its subsidiaries, affiliates and licensees that issue cards ("we" and related words). If we approve your application, you agree to accept cards issued by us and bearing our name, trademark, service mark or logo ("Cards") according to the terms of this Agreement. You agree to accept Cards for the purchase of all goods and services sold (except as noted below) at all locations in the United States, Canada, the U.S. Virgin Islands and Puerto Rico operating under the trade name written below in payment for all goods and services sold (except as noted in the Agreement). This includes sales made in person, by telephone, by mail or by any other method. Each location or method of conducting sales is an "Establishment." "Card-member" means the person whose name is embossed on the face of the Card. Purchases made with the Card are "Charges."

By signing below, you agree to be bound by this Agreement.

The Shaded Box Will Be Completed By The Sales Agent

Form section containing fields for: ESA Corporate Name, Sales Agent ID#, American Express Discount Rate (EDC 3.75%), Paper, Estimated \$, Annual American Express Charge Volume, Average Ticket, Frequency, Franchise Name, and Franchise CAP #.

What is your name & address? Please complete the following. If you have any questions call 1-800-528-5200.

Form section for name and address with fields for: FULL LEGAL NAME of Corporation, Partnership or Proprietorship, Doing Business As (DBA, Trade Name), Address, City, State, and Zip Code.

Signer Information

Form section for signer information with fields for: Name, Title, Social Security Number, Home Address, City, State, Zip, Have You Previously Had An American Express Merchant Account#, and If Yes, Merchant #.

By signing below, I represent that I have read this Agreement (which includes this front page and the Terms and Conditions for American Express® Card Acceptance in the following pages) and that the business entity indicated above agrees to be bound by this Agreement.

Please Sign Here _____ Date: _____

AMERICAN EXPRESS
ESA SETUP SHORT FORM

Mail: 1661 E. Camelback Rd. Attn: ESAP
Phoenix, AZ 85016
Info: 1-800-528-5200
Fax: 1-602-234-7111

Source Code

SPID

Order Number

OR AMEX SE #

New SE (A-F)

Change of Processor (A & E)

Paper to EDC Conversion (A & E)

(A)

Corporate Business Name

Doing Business As (DBA)

Street Address1 (no PO Box)

Street Address2 (no PO Box)

City ST Zip

Phone# - - Ext. SIC Code OR Ind Code

Additional Address(es): (Select items to be sent to alternate address)

Payment Address Correspondence Address Marketing Material Address

Name

St. Address1

St. Address2

City ST Zip

(B) Site Inspection: Yes No # Employees/SE Mail Order % Seasonal: From Month to Month

(C) Corporate Officers/owners/Company History

Auth. Sig. Title

Social Security # Affiliation? Yes No Ownership Type: Corporation Partnership Sole Proprietor Franchise

Affiliated AMEX SE # Affiliated Order #

CM # Time at Current Location Years & Months Date Estab. Month Year

(D) Discount Data

AMEX Discount Rate 3 7 5

Est. Volume \$
(AMEX Annual)

Estimated Average Ticket

Pay Freq: 3 day
 15 day
 30 day

(E) Submission: (Check the submission method below)

Elec Tran Auth Proc** Reverse PIP** AMEX Terminal Paper
Term Software:
 Retail Dining Lodg Service

**Please complete section below:

Processor #

Term Prov #

Processor ID#

Description (Prod/Svcs sold)

(F) Payment Method (Bank reference name other than transaction account)

ACH: Checking or Savings Statement Cutoff Day of Month Day Paper Check

ACH ABA# DDA #

Name on Bank Acct

Bank Name

Branch Address

City State