

PAYMENT ONLINE MERCHANT ACCOUNT AGREEMENT

MID _____ **Auth Plan** _____ **Table** _____ **Rep** _____

SIC _____ **Assoc.** _____ **Referred By** _____

BUSINESS NAME(S)		MERCHANT PROFILE ("Business")			
Business LEGAL Name:		URL:			
Business Name/DBA Name:		E-MAIL:			
Location Address:		Business Open Date:	Length of Current Ownership	# of Loc.:	of
City, State, Zip:		Expected Card Sales (\$):		Avg. Tkt.	Max. Tkt.
Contact Name:		Type of Business (Circle One) Retail MTO E-COM		Type of Goods/Services Sold:	
Phone Number:	Fax Number:	Current Processor, If applicable:		Seasonal Sales	High Vol. Months
Mailing/Billing Address (if different from above):		Method of Sales:			
City, State, Zip		County:	Card Present _____ %	Card Swiped _____ %	B-2-C _____ %
Contact Name:			Card Not Present _____ %	Not Swiped _____ %	B-2-B _____ %
Phone Number:		Fax Number:	TOTAL 100 %	TOTAL 100%	TOTAL 100%
		Notes:			
OWNERSHIP INFORMATION					
Ownership Type: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			Federal Tax ID # (9 digits)		
Owner 1/Partner/Officer Name:			Title in Business:	Equity Ownership:	Social Security #:
Home Address:			City, State, Zip:		Phone Number: ()
Owner 2/Partner/Officer Name:			Title in Business:	Equity Ownership:	Social Security #:
Home Address:			City, State, Zip:		Phone Number: ()
MERCHANT TRADE REFERENCES					
Trade Reference 1 Name:		Contact:	Phone Number: ()	Account #:	
Trade Reference 2 Name:		Contact:	Phone Number: ()	Account #:	
LEASE/INSURANCE PROFILE					
Insurance Co.		Notes			
Policy #		Notes			
Agent		Notes			
Phone #		Notes			

SCHEDULE OF FEES

Qualified Rate	Mid-Qualified Rate	Non-Qualified Rate	Monthly Minimum	Chargeback Fee	Customer Service Fee	E-Commerce Fee
Transaction Auth.	T & E Auth.	Voice Auth.	Equipment Fee			

ELECTRONIC DEBIT/CREDIT AUTHORIZATION

Merchant hereby authorizes Bank, in accordance with this Agreement, to initiate debit/credit entries to Merchant's deposit account, as indicated below. This authority is to remain in full force and effect until (a) Bank has received written notification from Merchant of its termination, in such a manner as to afford Bank reasonable opportunity to act on it and (b) all obligations of Merchant to Bank that have arisen under this Agreement have been paid in full.

PLEASE NOTE: A VOIDED BUSINESS CHECK MUST ACCOMPANY THIS APPLICATION

Bank Name:			Phone: ()			
Address:			City:		State:	Zip:
Transit Routing #			DDA/ACCT. #			

IMPORTANT NOTICE

All Information contained in this application was completed or supplied by all contracting parties. Merchant agrees to all contractual aspects of the Merchant Agreement for which this application is made. Said Merchant Agreement being incorporated herewith as though set forth verbatim and which Merchant acknowledges receipt thereof. MERCHANT accepts all contractual aspects of the AGREEMENT. MERCHANT understands that this AGREEMENT shall not take effect until signed by CONTRACTING OFFICER FOR PAYMENT ONLINE CORPORATION & MERCHANT PROCESSING. BY ITS SIGNATURE HERETO, MERCHANT ACKNOWLEDGES THAT IT IS IN POSSESSION OF AN IMPRINTER AND HAS RECEIVED A COPY OF THE RULES.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT (INCLUDING FUNDS TRANSFER INSTRUCTIONS ATTACHED HERETO) TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES TO BE EFFECTIVE ON THE DATE SET OUT BELOW.

MERCHANT

PAYMENT ONLINE CORPORATION

By signing below I certify all information is true and correct and that I am personally guaranteeing all obligations set forth in this agreement.

Signature: _____

Signature: **X** _____

Name: _____

Name: _____

Title: _____ Date: _____

Signature: **X** _____

**OFFICER OR EXECUTIVE MANAGER FOR
PAYMENT ONLINE CORPORATION**

Name: _____

Signature: _____

Date: _____

Name: _____

Title: _____ Date: _____

FOR OFFICE USE ONLY

AX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ESA	<input type="checkbox"/>	SPLIT DIAL	<input type="checkbox"/>															
DISCVR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	R.A.P.	<input type="checkbox"/>																	
DC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JCB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECK PROVIDER	_____																		
CHECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEBIT CO.	_____																		
DEBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SITE INSPECTION INFORMATION (To be completed by Sales Rep.)	
Does Business Appear Legitimate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Inventory Sufficient for Business Type:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	
Is Business Open and Operating:	<input type="checkbox"/> Yes <input type="checkbox"/> No Is Business Open and Operating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Goods and Services Delivered at Time of Sale: _____	
Any Mail or Telephone Order Sales Activity: _____	
By the signature below, signatory verifies that (i) she/he has physically inspected the Business Premises; and that (ii) the information stated in this agreement is correct to the best of her/his knowledge and is as represented to her/him by MERCHANT.	
Sales Representative Signature:	X _____
Sales Representative Name (Please Print):	_____
Sales Organization:	DATE: _____
Location Type: <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence <input type="checkbox"/> Trade Show <input type="checkbox"/> Other	

TERMINAL AND PROGRAMMING SPECIFICATIONS				
Equipment Type	Quantity	Ownership Category		T.I.D.
		REPRO	PURCHASE LEASE	
		REPRO	PURCHASE LEASE	
		REPRO	PURCHASE LEASE	

Phone System: Dial 9 Call Waiting Splitter Needed Yes No

IMPRINTER PURCHASE: Reg _____ Mini _____ Plate Quantity _____

SERVICE CATEGORY		SOFTWARE REQUIREMENTS	
<input type="checkbox"/> Retail	<input type="checkbox"/> Cash Advance	# Additional I.D. #'s	_____
<input type="checkbox"/> Service	<input type="checkbox"/> Retail W/Tips	# Concurrent Users	_____
<input type="checkbox"/> Restaurant	Other _____	Network Version	_____
<input type="checkbox"/> Hotel	_____	Connection Types (Check One)	
<input type="checkbox"/> Mail Telephone Order	_____	Modem <input type="checkbox"/>	TCP/IP <input type="checkbox"/>
<input type="checkbox"/> Purchasing/Procurement	_____	DSL <input type="checkbox"/>	Other _____
<input type="checkbox"/> AVS	<input type="checkbox"/> CVV2/CVC2	Notes:	_____

Cellular/Point-Of-Sales System Info

Vendor/Company: _____ Contact Name: _____

Phone Number: _____ Contact Carrier: _____

Terminal/Cellular Phone Number: () _____

INTERNET SPECIFICATIONS

Payment Online Processing: Yes No

Payment Online Shopping Cart Software:

Payment Online Payment Gateway Software Version:

Account Representative:

Phone # ()

INSTALLATION ASSIGNMENT

Rep to Do Install Yes No Rep Supplying Equipment Yes No Date Needed By _____

Comments: _____
