



MERCHANT SERVICES, INC.

890 Mountain Ave., New Providence, NJ 07974 • 908-516-5900 • Fax: 908-516-5966 • www.msihq.com/info

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MERCHANT APPLICATION

Office Use Only:	Associate:	Chain:	MCC Code:	Fair Isaac:	Analyst:
	3 6 2				
	Merchant No.:			Existing Merchant No.:	
Rep Name			Rep Phone		Rep Code

- New Location
- Additional Location

I BUSINESS NAMES

Business Legal Name	Statement & Mailing Address (if different from DBA Address)
DBA (Doing Business As)	City, State, Zip
Location Address	Contact Name
City, State, Zip	Phone # Fax #
Federal Tax I.D. Number	E-mail address

BANKING INFORMATION	Name of Merchant's Bank	Contact	Bank Phone #
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Acct. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing / ABA #	DDA / Checking Account
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II MERCHANT PROFILE

Type of Ownership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Other	Number of Locations	Merchandise/Service Sold		
Years in Business	Length of Current Ownership	Percent of Business	Percent of Sales to	Merchant Type
Has this Business or any Principal been terminated as a Visa/MasterCard Merchant (TMF)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Card Swiped _____%	Consumer _____%	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging
Has Merchant or any Principal disclosed below filed bankruptcy or been subject to any involuntary bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Manual Key with Imprint _____%	Business _____%	<input type="checkbox"/> Retail w/Tips <input type="checkbox"/> EZ Pay
Monthly Volume	Highest Ticket Amount	Mail Order/Tel. Order _____%	Total = 100%	<input type="checkbox"/> Retail w/Store & Forward Gateway
\$	\$	Total = 100%	Total = 100%	<input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO
Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently accept VISA/Mastercard? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the Cardholder billed for Products/Services? <input type="checkbox"/> On Order <input type="checkbox"/> On Shipment	Is a fulfillment house used? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Delivery Method of Products/Services? <input type="checkbox"/> Time of Sale <input type="checkbox"/> 5-10 Days <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 10-15 Days <input type="checkbox"/> 3-5 Days <input type="checkbox"/> 15+ Days	What is the Merchant's Return Policy?	What is the Merchant's Refund Policy?	Does the Business use any Third Parties in the payment process? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	

Monthly Volume	Highest Ticket Amount	Average Ticket Amount
\$	\$	\$

Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently accept VISA/Mastercard? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is the Cardholder billed for Products/Services? <input type="checkbox"/> On Order <input type="checkbox"/> On Shipment	Is a fulfillment house used? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No
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III OWNER OR OFFICER

Principal (print)	% Equity Ownership	Social Security No.	Phone No.
Residence Address		City, State & Zip	D.O.B.

REFERENCES	Trade Reference	Contact	Account No.	Phone No.
	Trade Reference	Contact	Account No.	Phone No.

BANK DISCLOSURE

Member Bank Information First National Bank of Omaha (FNBO) 1620 Dodge Street Omaha, Nebraska 68197 402-633-2900	Important Bank Responsibilities 1. FNBO is the only entity approved to extend acceptance of VISA products directly to a Merchant. 2. FNBO must be a principal (signor) to the Merchant Agreement. 3. FNBO is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply. 4. FNBO is responsible for and must provide settlement funds to the Merchant. 5. FNBO is responsible for all funds held in reserve that are derived from settlement.
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Merchant Information Merchant Name: _____ Merchant Address: _____ Merchant Phone: _____ Merchant Signature: X _____ Merchant's Printed Name: _____	Important Merchant Responsibilities 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with VISA Operating Regulations. The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member - FNBO - is the ultimate authority should the Merchant have any problems. Title: _____ Date: _____
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E-APP

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MERCHANT NEW ACCOUNT ORDER FORM

INDICATES SERVICES APPLIED FOR

EQUIPMENT

Verifone/Nurit:

- VX510
- VX 510LE
- VX570 (Dial Only)
- VX570 IP
- 2085
- 8400
- 8400 Lite
- PIN PAD 1000 SE
- PIN PAD PV1310

Hypercom:

- T4100
- PIN PAD P1300

Software:

- PC-Charge

Other _____

Manual Imprinter VISA/MC regulation requires an imprint for non-swipe transactions, cost \$25 one time fee.

Wireless:

- 8000 GPRS (Radio/Wireless)

Wireless Monthly Fees: 19.95
Wireless Trans. Fees: 0.10
Wireless Activation Fee: 35.00
* Comstar: \$19.95 (includes first 50 free transactions, then 10¢ each additional)

Check Reader:

- Ingenico 2500
- Ingenico 3000
- RDM Imager

SPECIAL INSTRUCTIONS

INITIAL SETUP FEES

I understand that MSI Merchant Services, Inc. is registered as a Member Service Provider with MasterCard and an ISO with Visa for FNBO (908-516-5900)

_____ is the company/Sales Representative from whom I am buying the credit card processing equipment from; (____-____-____)

I also understand that if I have any questions, concerns, comments or problems regarding my credit card processing or equipment I can call the appropriate number listed above for assistance.

- Non Refundable App. Fee \$ _____
- Reprogramming Fee \$ _____
- First & Last Payment \$ _____
- Equipment Purchase \$ _____
- Misc. \$ _____

Subtotal \$ _____
Tax (____%) \$ _____
TOTAL \$ _____

Merchant Initials: _____

CARD PRESENT

Please Select One: 3 TIER 4 TIER

	Discount Rate	Tran Fee
<input checked="" type="checkbox"/> Rate 1 (Qualified)	_____ %	_____ ¢ ea.
<input checked="" type="checkbox"/> Rate 2 (Mid-Qual)	Rate 1 + _____ %	10 ¢ ea.
<input checked="" type="checkbox"/> Rate 3 (Non-Qual)	Rate 1 + _____ %	10 ¢ ea.
<input type="checkbox"/> Rate 4 (Non-PIN Debit)	_____ %	_____ ¢ ea.

CARD NOT PRESENT

2 TIER

	Discount Rate	Tran Fee
<input checked="" type="checkbox"/> Rate 1 (Qualified)	_____ %	_____ ¢ ea.
<input checked="" type="checkbox"/> Rate 3 (Non-Qual)	Rate 1 + _____ %	10 ¢ ea.

MSI Merchant Services, Inc. is a registered ISO/MSP of First National Bank of Omaha, Omaha, NE

Please refer to the Terms and Conditions for the Rate Descriptions

FEES

- Capture/Batch: _____
- Voice Auth: _____ ea.
- Chargeback: _____ ea.
- Retrieval: _____ ea.

RETAIL FEES

- Statement Fee: _____ per month
- Monthly Minimum: _____
- Debit Access Fee: _____ per month

MAIL / TELEPHONE / INTERNET FEES

- Statement Fee: _____/month
- Monthly Minimum: _____
- Gateway Transaction Fee: _____ ea.
- Monthly Gateway Access Fee: _____

- PIN-Based Debit Fee: _____ ¢ ea.
- Debit Network Interchange Fee Pass Thru
- Debit Switch Auth Fee Pass Thru
- EBT Transaction Fee: N/A % _____ ¢ ea.
- AMEX Discount Rate: _____ % 20 ¢ ea.
- Interchange Auth Fee: N/A % 5 ¢ ea.

MSI SUPPLY REPLACEMENT PROGRAM

- Yes, I want to participate in the optional Merchant Program which includes equipment support, common repair and supplies for an additional \$9.50 per month.
- Annual postage and handling fee (billed each December to cover the following years costs in ground surface shipment of forms/supplies, and the handling of defective equipment deemed repairable under manufacturer warranty), \$59.

IV MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

Merchant Location: Retail Location With Store Front Office Building Residence Other _____

Area Zoned: Commercial Industrial Residential

Square Footage: 0-250 251-500 501-2,000 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business?
 Yes No If no, explain: _____

Nearest major cross streets or highways: _____

The Merchant: Owns Leases the business premises

Whom Does Merchant Lease From? (Name and Telephone Number) _____

Photo Attached? Yes No

Further Comments By Inspector (MUST COMPLETE): _____

I hereby verify that this application has been fully completed by merchant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief. Any misrepresentation may result in losses and/or liabilities.

Agent Name (please print) _____ Signature _____ Agent # _____ Date _____

X

Merchant Name (please print)

Merchant Signature

Title

Date

MSI - Original Merchant - Pink

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MSI V.0508

