

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Client's Business Name (Doing Business As):		Client's Corporate/Legal Name (Use Also For Headquarter's Information):	
Business Address:		Billing Address (If Different Than Location Address):	
City:	State:	Zip:	
City:	State:	Zip:	
Location Phone #: () -	Location Fax #: () -	Contact Name:	
Business E-mail or Website Address:		Contact Phone #: () -	Contact Fax # / E-mail Address:
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location	
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____	<input type="checkbox"/> GOVERNMENT (Federal, State, Local)
<input type="checkbox"/> CORPORATION - CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____	<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____	<input type="checkbox"/> PARTNERSHIP State Filed: _____
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:	
SIC/MCC:			

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

Are you using a Vendor? Yes No If yes, please supply a copy of Vendor's report.

1. Zone: Business District Industrial Residential
2. Location: Mall Office Home Shopping Area
 Mixed Apartment Isolated
3. How many employees: _____
4. How many registers / Terminals: _____
5. Is proper license visible? Yes
 No, explain: _____
6. Where is the merchant name displayed at the site?
 Window Door Store Front
7. Merchant Occupies: Ground Floor Other: _____
8. # of Floors/Levels: 1 2-4 5-10 11+
9. Remaining Floor(s) Occupied by:
 Residential Commercial Combination
10. Approximate Square Footage:
 0-250 251-500 501-2,000 2,001 plus
11. Are customers required to leave a deposit?
 No Yes If Yes, % of deposit required: _____%
12. Return Policy: Full Refund Exchange Only None
13. Do you have a refund policy for MC/VISA Sales? Yes No
If yes, check one: Exchange Store Credit MC/VISA Credit
If MC/VISA Credit, within how many days do you submit credit transactions? 0-3 4-7 8-14 Over 14
14. Advertising Method (Attach at least one):
 Catalog Brochure Direct Mail TV/Radio
 Internet Phone Newspaper/Journals Other
Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.

15. Your Previous Processor: _____
16. Check Reason For Leaving:
 Rate Service Terminated Other: _____

Mail / Telephone Order / Business to Business Information
(All Questions must be Answered)

1. What % of total sales represent business to business (vs business to consumer):
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
2. What % of bancard sales represent business to business (vs business to consumer):
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
3. What is the time frame from transaction to delivery? (% of orders delivered in):
0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = **100%**
4. MC/Visa sales are deposited (check one): Date of order Date of delivery
 Other (specify): _____
5. Who performs product / service fulfillment? Direct Vendor Other If vendor, add
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____
Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary):

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e. cardholder authorizes initial sale only)? Yes No

3. COMPANY HISTORY

Date Business Started:	Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal
TRADE REFERENCE 1	TRADE REFERENCE 2
Vendor Name:	Vendor Name:
Contact Name:	Contact Name:
Contact Telephone: ()	Contact Telephone: ()
Vendor Acct. #:	Vendor Acct. #:

4. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1			OWNER / PARTNER / OFFICER 2		
Name: <i>(First, MI, Last)</i>		% Ownership:	Name: <i>(First, MI, Last)</i>		% Ownership:
Title:			Title:		
Home Address: <i>(No P.O. Box)</i>			Home Address: <i>(No P.O. Box)</i>		
City:	State:	Zip:	City:	State:	Zip:
Telephone #: () -			Telephone #: () -		
Social Security #			Social Security #		
D.O.B.:	DI #:	State:	D.O.B.:	DI #:	State:

5. SETTLEMENT INFORMATION

Deposit Bank:	Bank Contact:
Transit / ABA #:	Deposit Account #:

6. EQUIPMENT/THIRD PARTY INFORMATION

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

INTERNET GATEWAY: YourPay.com Other: _____ Wireless Network: _____

PC/Internet Software _____ Quantity _____ New Rent Lease Existing

Terminal Model _____ Quantity _____ New Rent Lease Existing

Printer Model _____ Quantity _____ New Rent Lease Existing

PIN Pad _____ Quantity _____ New Rent Lease Existing

LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: \$ _____ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Address	City	State	Zip	Attention:
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7. GRID INFORMATION - INTERNAL USE ONLY

MC CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	AUTHORIZATION GRID ID#: _____
MC DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	
MC CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	USER DEFINED GRID ID#: _____
MC DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	

8. TRANSACTION INFORMATION

OmahaWF1003	OmahaWF1005
FINANCIAL DATA	WHERE IS SALE TRANACTED? <i>(Must = 100%)</i>
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Store Front/Swiped _____%
Average YEARLY MC/Visa/Discover Volume \$ _____	Internet _____%
Average MC/Visa/Discover Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____	Mail Order _____%
Highest Ticket Amount \$ _____	Telephone Order _____%
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____	Total 100 %

9. SERVICE FEE SCHEDULE

Authorization & Capture Transaction Fees

MasterCard and Visa Authorization & Capture Fee: \$ _____ <i>(Per Item)</i>	Discover Full Acq. Authorization & Capture Fee: \$ _____ <i>(Per Item)</i>	Voice Authorization \$ _____ <i>(Per Item)</i>
American Express: \$ _____ <i>(Per Item)</i>	Discover: \$ _____ <i>(Per Item)</i>	Electronic AVS Fee \$ _____ <i>(Per Item)</i>
#: _____	JCB: \$ _____ <i>(Per Item)</i>	Voice AVS Fee \$ _____ <i>(Per Item)</i>
	# _____	ARU Fee \$ _____ <i>(Per Item)</i>

9. SERVICE FEE SCHEDULE (Cont'd)

Table with 2 main columns: Miscellaneous Fees and Monthly Fees. Rows include Chargeback Fee, Retrieval Fee, Return Trans. Fee, Sales Trans. Fee, Batch Fee, Early Termination Fee, EBT-Food Stamps, EBT-Cash Benefits, Other, Annual Fee, Minimum Monthly Fee, and Monthly Statement Fee.

Table with 2 main columns: Tiered Discount Fees (Based on Gross Sales Volume) and Accept all MasterCard, Visa and Discover Network Transactions. Rows include MC Qual Credit, MC Mid-Qual Credit, MC Non-Qual Credit, MC Worldcard Qual, MC Worldcard Mid-Qual, MC Worldcard Non-Qual, MC Qual Debit, MC Mid-Qual Debit, MC Non-Qual Debit, Discover Qual Credit, Discover Mid-Qual Credit, Discover Non-Qual Credit, and various acceptance checkboxes.

Table with 2 main columns: ERR and Fleet. Rows include MC Qual Credit, MC Qual Debit, Discover Qual Credit, Discover Qual Debit, and Wright Express/Voyager rates.

Table with 2 main columns: Pass Through Interchange - Includes Dues and Assessments and PIN Debit. Rows include Other Item Rate, Other Volume Percent, MC Qual Credit, MC Qual Debit, Discover Qual Credit, Discover Qual Debit, and PIN Debit checkboxes.

Table with 2 main columns: PIN Debit and Fleet. Rows include Pass Through Debit Network Fees (ETC Only) and Wright Express/Voyager rates.

10. SIGNATURE(S)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the MC, Visa and Discover Tiered Grid ID Numbers, Program Guide (Version OmahaWF1003) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein.

You acknowledge that by accepting a Discover card for payment, you agree to the terms and conditions of Discover Network ("Discover"). Such terms and conditions will be sent to you by Discover.

The individual who signs this Agreement has authority to do so and to bind its Establishment to the terms and conditions of this Agreement. You further represent that you are authorized to sign and enter into this Agreement on behalf of your establishment, subsidiaries and affiliates, and that you authorize American Express Travel Related Services Company, Inc. to verify the information on this Application.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.

Client's Business Principal/Officer:

Signature and Print Name of Signer fields for the Client's Business Principal/Officer.

Personal Guarantee: The undersigned guarantees to FDMS and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof.

Signature and Print Name of Signer fields for the Personal Guarantee.

Accepted By First Data Merchant Services Corporation Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

Signature and Title fields for the Accepted By First Data Merchant Services Corporation and Wells Fargo Bank, N.A.