

SALES PARTNER INFORMATION

Company Name	
Representative	

BUSINESS INFORMATION	
Please complete the following information about your business	s.
Legal Business Name	
DBA	
Street Address	City State Zip Code
Products / Services Sold	
% of Ownership Date Business Started (MM/YY)	/ SOLE PROP PART CORP LLC
Owner's First Name	Owner's Last Name
Business Phone	Business Email
Federal Tax ID Website	e URL
ADDITIONAL INFORMATION	
Owner's SSN – – Owner's Birthda	-1- (MM/DD/M/)
Owner's SSN – – Owner's Birthda	ate (MM/DD/YY) / /
Owner's Home Address	



POINT OF CONTACT The Point of Contact is the member of your office with whom we will communicate about your CardX account.				
First Name (If Point of Contact is different from Owner)				
Last Name (If Point of Contact is different from Owner)				
Phone Number Email Address				
SOLUTION PRICING The details of the Zero-Cost Credit pricing are below.				
When consumers make payments by credit card, your business will collect a credit card fee of %.				
Your business's cost on consumer debit card transactions is				
Portal Subscription: \$ /month PCI Fee: \$ /month				
*Please note: Commercial debit cards, because of a higher rate charged by the issuing bank, cost 3.38%. Key-entered debit transactions on the CardX Terminal do not qualify for the 1% + \$0.25 rate. To achieve the 1% + \$0.25 rate for key-entry, we invite you to sign up for the Virtual Terminal at no additional cost.				
PAYMENT TYPES ACCEPTED Please select the payment types your business would like to accept.				
MASTERCARD / VISA AMERICAN EXPRESS				
DISCOVER				



CARD PAYMENT VOLUM	l payment volume.
MasterCard / Visa	\$ /month
Discover	\$ /mo
American Express	\$ /1
Average Ticket	\$
High Ticket	\$
% of Transactions Swiped	
% of Transactions Keyed	
% of Transactions via Internet	

EQUIPMENT AND DEVELOPMENT

Your Sales Partner will note the equipment and development required by your business.

	Quantity	Price Per Unit	
CARDX TERMINAL		\$	
VIRTUAL TERMINAL			
	Customize URL		
LIGHTBOX			
	Additional Fields		
	BILLING INFO	ORMATION COMPANY NAM	ΛЕ
	INVOICE NUM	B E R A C C O U N T N U	MBER
	More information:	developer.cardx.com/lightbox	



BANKING INFORMATION				
Please provide your business's banking information so that electronic pa	yments can be deposited to your account.			
Bank Name				
Routing Number (9 digits)				
Account Number				
A C H A U T H O R I Z A T I O N				
If you've selected the CardX terminal, we require the following authorization).			
I authorize CardX, LLC to debit the bank account indicated on this form for \$ account to be used, I will provide its respective Routing Number and Account				
Following a one-month grace period, CardX will initiate a recurring debit on the 1st of every month. For example, if I submit this application on February 1st, the first recurring transaction will take place on March 1st. If the 1st of any month falls on a weekend or holiday, the payment may be executed on the next business day.				
This authorization will remain in effect indefinitely, or until I cancel it in writ days prior to the next billing date.	ing (by emailing support@cardx.com) no fewer than 5 business			
I may cancel this authorization at any time without penalty, so long as I return the CardX terminal in good condition by mail to CardX (401 N. Michigan Ave., Suite 1610, Chicago, IL 60611) no later than 30 days after I give notice of cancellation.				
If I fail to return the terminal in good condition within 30 days after I give notice of cancellation, CardX will initiate a one-time debit of \$299.00 from my account.				
In case of any ACH transaction being rejected for Non-Sufficient Funds (NSF) process the charge again.	, I understand that CardX may at its discretion attempt to			
I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute CardX's recurring billing with my bank so long as the transactions correspond to the terms indicated in this agreement.				
CLIENT SIGNATURE DATE				
NOTES (OPTIONAL)				
Please use this section to note any special instructions.				



SIGNATURE Please complete your application by signin	; below.
By signing, you accept Terms and Conditions:	www.cardx.com/terms/client-terms.html
CLIENT SIGNATURE	DATE



Substitute Form w-9						
Sole Proprietor C Corporation	S CORPORA		PARTNER		PORATED ASSOCIATION	
TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS T			☐ GOVER		A LIFE TO THE PARTY OF T	
☐ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S= S CORPORATION, P=PARTNERSHIP): (If LLC, PLEASE INDICATE D, C, S OR						
♦ LEGAL BUSINESS NAME*:						
*Name (of business) as shown on your business inc	OME TAX RETURNS	. For Sole P	ROPRIETORS, THIS	SHOULD ALWAYS BE TH	HE OWNER'S NAME.	
◆LEGAL BUSINESS ADDRESS (NO PO BOX):				►TIN (EMPLOY	'ER ID#):	
A CITY:	\TE: \	ZIB CODE:		OR TIN (SOCIAL	SECURITY #):	
		LIF CODE.		- TIN (OOCIAL	OLCORITT#).	
	ERTIFICATIONS					
Company Representations and Certifications. By sis company ("Company") and its representative(s) representations and perfect ("Elavon" or "Member" as applicable), with offices at Knoxville, TN 37920, (collectively, "we" or "us") that company application ("Company Application") is true and cor business, financial condition, and principal partners, owners, the persons signing this Company Application are duly author provisions of this Company Application and the Agreement. F Company and its representative(s) agree that Company is su set forth in the Terms of Service ("TOS"), including when leas opportunity to review such terms. The TOS contains a mann provision that affects Company's legal rights and should his document." The signature by an authorized represental Application, or the transmission of a Transaction Receipt or cus, shall be the Company's acceptance of and agreement to contained in the Agreement including, without limitation, this and the Operating Guide incorporated herein by this referen https://www.mypaymentsinsider.com/api/file/c/Terms of Ser https://www.mypaymentsinsider.com/api/file/c/Terms of Ser https://www.mypaymentsinsider.com/api/file/c/Operating. Gui Company does not have access to view the TOS or Operatin contact our customer service center to obtain a copy and rev document. Notwithstanding any non-receipt of the TOS or Operating Guide. IMPORTANT INFORMATION ABOUT PROCEDURES FOR To help the government fight the funding of terrorism and mo law requires all financial institutions to obtain, verify, and receach person who opens an account. This means we will ask identifying documents to allow us to identify you. Company as prior to our acceptance of this Company Application and finvestigate the individual and business history and backgrour representative and any other officers, partners, proprietors, a obtain credit reports or other background investigation report consider necessary to review the acceptance and continuatic Company Application. Delivery of executed counterparts of the cont	ERTIFICATIONS gning below, the appresent and warrant to 7300 Chapman High (i) all information properly or officers of Comparized to bind for the terms and condition of the reviewed prior tive of Company Application ce and located at our websiew prior to signing the present of the terms and condition of the significant of the signific	Elavon, Inc. hway, vivided in this reflects the any; and (ii) my to all elow, do conditions has had an arbitration to sianing he Company ransaction to tions n, the TOS r website at ively. If the time to the time time to the time time time time time time time tim	Transaction. Recthat Transaction. PCI Compliance with the requirem Standard PCI Prosection of this application of the section of this application of the section of this application. Your print was all date PCI continue to receive By signature belewithin ninety (90 of account apprinte full, undiscooped programment of the full, undiscooped programment of the full, undiscooped programment of the full of the section of the full, undiscooped programment of the full of the section of the full of th	trands that an authorization is trained to the payment Carbon Car	All companies, regardless d Industry Data Security St. Impanies (based on Transampany that validates PCI D lety (90) days after account a cition of this application. Me on selected above includes ninety (90) days of account orgam Fee. Medges that if Company have a company and a co	mpt from backup withholding, RS) that I am subject to r dividends, or (c) the IRS has and mexempt from FATCA reporting is company has elected to accept American of this Company Application), in addition nee Program terms of the TOS. By me Express® Payment Device, Company ons to, and to receive settlement funds orizes Elavon to provide Company's American Express may use and share by applicable Laws, including to rose available to Company's business, ber provided above is subject to the ation. Consent to American Express's m at any time by contacting our y still receive messages related to ess. Company or Elavon may terminate any time, with or without cause, without or of this Agreement. Company articipate in the Acceptance Program, acceptance program, which may have mpany's acceptance of American hated. Company acknowledges that ment, solely with respect to the terms press® Payment Devices, and that directly against Company. Ty incorporated herein. Tolding. In addition, by signing this ove named Company, and the DATE: DATE: DATE:
its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.						
▶SIGNATURE: X ▶PRINTE		ED N AME:			▶DATE:	
SIGNATURE: X PRINTE		PRINTE	NAME:	Name: Date:		
SUBMITTED BY (INTERNAL USE ONLY) To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were						
provided by the Company's owner(s) or officer(s), as appropriate. ◆ SALES REP SIGNATURE: ◆ PRINTED NAME:						
◆ SALES REP SIGNATURE:	riate.	♦ PRINTED	NAME:	5 5 Mil	♦REPID#:	♦ DATE:

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