

Central Payment Co., LLC  
 d/b/a Global Payments  
 One Heartland Way  
 Jeffersonville, IN 47130  
 www.TSYS.com  
 800.449.8012  
 877.269.6970

Merchant Account # \_\_\_\_\_ MCC/SIC: \_\_\_\_\_  
 Agent # \_\_\_\_\_ Sales Director \_\_\_\_\_

- New Setup  Change of Ownership  
 Add Location  Change of Business Structure

**MERCHANT CARD PROCESSING APPLICATION & AGREEMENT**

<b>W9 INFO</b>	Legal Business Name: (As it appears on IRS tax documents):		Address for IRS/Compliance Notices (If different than DBA address given below):		
	Taxpayer Identification Number (Must be 9 digits): <input type="checkbox"/> EIN <input type="checkbox"/> SSN		City	State	Zip
	Type of Ownership: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Gov't <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Non-Profit			Legal Phone:	Fax Number:

<b>DBA INFO</b>	Doing Business As Name (As it appears on receipts):		DBA Address (Street address other than PO Box):		
	DBA Phone	Business Website:	City	State	Zip
	Business Email: (Required)		Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Home <input type="checkbox"/> Office	Hours of Operation:	Business Open Date:

<b>BUSINESS INFO</b>	Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Government <input type="checkbox"/> Utility <input type="checkbox"/> Mail/Phone <input type="checkbox"/> Prof. Services <input type="checkbox"/> Retail w/ Tip <input type="checkbox"/> Internet <input type="checkbox"/> Business to Business: B-2-B _____% B-2-C _____%		EMV % _____	Specific Type of Product(s)/Services Sold: <input type="checkbox"/> Fulfillment House Used
	Requested Monthly Sales Limit: \$		Keyed (CP) % _____	Number of days Until Product/Service is delivered:
	Requested Highest Ticket: \$		eCommerce % _____	Mastercard/Visa/Discover sales: Transactions are settled: <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Shipment
	Average Ticket: \$		Mail Order % _____ (CNP)	Return Policy: <input type="checkbox"/> Refund w/in 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> None <input type="checkbox"/> Other:
			Total % 100	Who is the applicant's current merchant services provider? (Please provide previous processing statements):
	<b>Would Merchant like to receive American Express marketing materials</b> <input type="checkbox"/> Yes <input type="checkbox"/> No* <small>*By checking 'No' merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.</small>			

<b>BENEFICIAL OWNER AND OFFICER INFO</b>	A. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% of more of the equity interests of the legal entity or sole proprietorship for which the account is being opened.				
	Name of Owner:	U.S. Citizen: Social Security Number (SSN): Non-U.S. Citizen: SSN, Passport Number and Country of Issuance <sup>1</sup>		Date of Birth:	Percent Owned: (%)
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen			
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen			
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen			
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen			

<b>BENEFICIAL OWNER AND OFFICER INFO</b>	B. The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An Executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section A above may also be listed in this section B.)				
	Name of Officer/Manager:	Title:	U.S. Citizen: Social Security Number (SSN): Non-U.S. Citizen: SSN, Passport Number and Country of Issuance <sup>1</sup>	Date of Birth:	Percent Owned: (%)
			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen		

<sup>1</sup> In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. Privacy Policy can be found at www.tsys.com.

<b>BENEFICIAL OWNER AND OFFICER INFO</b>	Name and Title of person Opening Account who by signing page 4 of this application is certifying (i) that, to the best of his/her knowledge, the information provided in this Beneficial Owner and Officer Info section is complete and correct, and (ii) that the information provided in the W9 Info section, the DBA Info section, and the Business Info section about the legal entity for which the account is being opened is complete and correct.		Name:
			Title:

<b>SITE SURVEY</b>	Did the agent meet with the business owner in person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Under the penalty of perjury and accountability, I hereby certify I personally conducted this premises inspection described above and hereby certify that this business is legitimate and have verified the identification of the above listed principal(s):  Independent Sales Agent Signature: _____  Independent Sales Agent Name: _____
	Does the business have proper signage clearly indicating the DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the interior of the business reflect the types of products or services sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If the site survey was not completed, how was the data sourced? <input type="checkbox"/> Online Lead <input type="checkbox"/> Other:	
Type of Building	Square Footage: (approximate):	

**Member Bank is not a party to this Section and has no liability related to this Section**

COUNTERTOP & WIRELESS	<input type="checkbox"/> Verifone V200c Plus <input type="checkbox"/> Verifone V400m Plus <input type="checkbox"/> PAX S80 <input type="checkbox"/> Surcharge* (Card Brand registration required) <input type="checkbox"/> PAX S920 <input type="checkbox"/> A920 <input type="checkbox"/> Wi-Fi <input type="checkbox"/> Sim Card \$15.00 Monthly <input type="checkbox"/> Surcharge* (Card Brand registration required) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ingenico DESK 3500 <input type="checkbox"/> Surcharge* (Card Brand registration required) <input type="checkbox"/> Ingenico DESK 5000 <input type="checkbox"/> Surcharge* (Card Brand registration required) <input type="checkbox"/> Ingenico MOVE 5000 <input type="checkbox"/> Surcharge* (Card Brand registration required)	<input type="checkbox"/> Tip Line <input type="checkbox"/> Tip Prompt <input type="checkbox"/> AVS Prompt (\$0.05 per) <input type="checkbox"/> Server Number <input type="checkbox"/> Invoice Numbers <input type="checkbox"/> Gratuity Guide <input type="checkbox"/> Auto Close: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Verifone P200 Plus Pin Pad <input type="checkbox"/> Verifone V400 Plus Base <input type="checkbox"/> Ingenico DESK 1500 Pin Pad <input type="checkbox"/> PAX SP30 EMV Pin pad <input type="checkbox"/> Other: _____ <input type="checkbox"/> Swap with \$100 encryption fee <input type="checkbox"/> Purchase: \$ _____ <input type="checkbox"/> Existing	<input type="checkbox"/> Cash Back <input type="checkbox"/> EBT: _____ Existing 7 digit EBT Number <input type="checkbox"/> Cash Benefits (25¢/trans for EBT & Cash Benefits)
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\* Subject to applicable laws or regulations

Purchase: \$ \_\_\_\_\_ + sales tax  Usage Program  Existing Terminal

The undersigned Merchant agrees to pay Shipping & Handling on the initial shipment of the designated equipment below. Upon request of termination of services prior to the completion of the 36 month equipment commitment, the undersigned Merchant agrees to return all provided equipment to Global Payments within thirty (30) days or will be subjected to the debit for the amount of \$395 as cost of provided terminal and \$200 for the cost of provided pinpad. Merchant is responsible for any local Sales or Use Tax on the cost of the equipment and will be debited separately once equipment is shipped.

**INITIAL HERE**

\_\_\_\_\_ Date  
Merchant Initials

GENIUS	<p align="center"><b>GENIUS</b></p> <input type="checkbox"/> Retail <input type="checkbox"/> Tip Line <input type="checkbox"/> Tip Prompt <input type="checkbox"/> <b>Countertop:</b> <input type="checkbox"/> E15 \$79/month (48-months) X _____ = \$ _____ quantity <input type="checkbox"/> E13 \$69/month (48-months) X _____ = \$ _____ quantity <input type="checkbox"/> X12 \$54/month (48-months) X _____ = \$ _____ quantity <input type="checkbox"/> <b>Handheld:</b> \$35/month (24-months) X _____ = \$ _____ quantity <input type="checkbox"/> <b>Terminal +:</b> <input type="checkbox"/> WiFi <input type="checkbox"/> 4G (additional \$10 monthly fee applies) \$35/month (24-months) X _____ = \$ _____ quantity <input type="checkbox"/> <b>Purchase:</b> \$ _____ X _____ = \$ _____ quantity Monthly software: \$ _____ X _____ = \$ _____ quantity <b>Sales Tax Rate:</b> _____ % <input type="checkbox"/> Added <input type="checkbox"/> Included <b>Auto Close Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Copy of products/Menu provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center"><b>GENIUS ADDITIONS</b></p> <input type="checkbox"/> <b>Ethernet or LAN Thermal Printer</b> <input type="checkbox"/> Purchase: \$ _____ X _____ = \$ _____ <input type="checkbox"/> Monthly: \$15 _____ X _____ = \$ _____ quantity <input type="checkbox"/> <b>Bluetooth Barcode Scanner</b> <input type="checkbox"/> Purchase: \$ _____ X _____ = \$ _____ <input type="checkbox"/> Monthly: \$15 _____ X _____ = \$ _____ quantity <input type="checkbox"/> <b>Cash Drawer</b> <input type="checkbox"/> Purchase: \$ _____ X _____ = \$ _____ <input type="checkbox"/> Monthly: \$3 _____ X _____ = \$ _____ quantity <input type="checkbox"/> <b>GENIUS MOBILE</b> <input type="checkbox"/> Retail <input type="checkbox"/> Retail w/Tip EMV Bluetooth Reader (\$5/month) (Optional \$60 cradle) <input type="checkbox"/> Purchase: \$ _____ X _____ = \$ _____ quantity	<p align="center"><b>GENIUS TSEP</b> (one TSEP TID/fee required to enable one or more features)</p> <p><b>Invoicing:</b>                  TSEP Setup \$ _____                  TSEP Monthly \$ _____                  Data Protection \$ 0.015  <b>Order Ahead:</b>                  TSEP Setup \$ _____                  TSEP Monthly \$ _____                  Data Protection \$ 0.015  <b>Virtual Terminal:</b>                  TSEP Setup \$ _____                  TSEP Monthly \$ _____                  Data Protection \$ 0.015</p>
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By initialing, Merchant agrees to POS terms & conditions found at www.TSYS.com/documents. Merchant understands and agrees to TOTAL monthly fee outlined here:

\$ \_\_\_\_\_  
Total per month

**INITIAL HERE**

\_\_\_\_\_ Merchant Initials

GATEWAY	<input type="checkbox"/> <b>Other Virtual Terminal or Gateway:</b> Product: _____ Cost: \$ _____ /month + _____ ¢ transaction fee
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CONVERSION	<input type="checkbox"/> <b>Conversion POS</b> EMV Processing? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Software: _____ Version #: _____
	Reseller Contact: _____ Telephone: _____
	Reseller Email: _____

REFERRAL	Cpay ID or DBA of Referral: _____
	Contact Name: _____
	Telephone: _____
	Affiliate ID: _____

SHIPPING	SHIP TO: (Note: We cannot ship to PO boxes) <input type="checkbox"/> Sales Representative <input type="checkbox"/> Merchant Legal Address <input type="checkbox"/> Merchant DBA Address <input type="checkbox"/> Other: _____	SHIP METHOD: <input type="checkbox"/> Priority Overnight <input type="checkbox"/> Standard Overnight <input type="checkbox"/> 2-Day Express Delivery <input type="checkbox"/> 3-Day Express Delivery <input type="checkbox"/> Ground	INSTRUCTIONS:
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**Member Bank is not a party to this Section and has no liability related to this Section**

<i>TIERED/FLAT PRICING</i>	<i>PASS-THROUGH PRICING</i>	<i>AMERICAN EXPRESS</i>	<i>PIN-DEBIT</i>	<i>MISCELLANEOUS FEES</i>
Check Card Rate: ___ %	IC +: <b>0.</b> ___ %	Qualified Rate: ___ %	Network Fee: ___ %	Monthly Statement Fee \$9.50
Qualified Rate: ___ %	Transaction Fee: \$ <b>0.</b> ___	Mid-Qualified Rate: ___ %	Transaction Fee: \$ <b>0.</b> ___	Monthly Minimum \$25.00
Mid-Qualified Rate: ___ %		Transaction Fee: \$ <b>0.</b> ___	<input type="checkbox"/> Flat <input type="checkbox"/> Pass-through <i>If no pin-debit fees are filled in the default rate of 0.85% + \$0.35/trans will be assessed to the account if actual PIN-debit transactions are processed.</i>	Per Batch Fee 25¢
Non-Qualified Rate: ___ %		+ 0.50% for manual entry		Application & Setup Fee \$195
Transaction Fee: \$ <b>0.</b> ___		<input type="checkbox"/> Pass-through		

**NON-EMV TRANSACTION FEES**

Non-EMV Risk Assessment Fee 1% (per transaction)

A Non-EMV Program Fee of \$25 per month may be assessed to Merchant if the percentage of non-EMV transactions as a percentage of total transaction is in excess of 10%. Thereafter, Merchant's percentage of non-EMV transactions will be reviewed on a six-month basis (in February and August), and if the threshold of non-EMV transactions falls below 10%, the fee will be removed.

**If the Agreement is terminated early during the Initial Term or any Renewal Term for any reason other than for a material, uncured breach by Member Bank, then Merchant agrees to pay Processor an Early Termination Fee (ETF) in accordance with the following: \$500 per MID during the initial Term; \$500 per MID during any Renewal Term. Merchant agrees that the Early Termination Fee shall also be due to Processor in accordance with the schedule if Merchant discontinues submitting Sales for processing during the Initial Term or any Renewal Term of the Agreement. Merchant agrees that this fee is not a penalty, but rather a reasonable estimation of the actual damages Processor would suffer if Processor were to fail to receive the processing business for the then current term. Paragraph references and capitalized terms not defined in this paragraph are defined in the Terms & Conditions (@ www.tsys.com/documents). Please call our Customer Support team at 800-449-8012 with questions.**

**INITIAL HERE**  **Merchant Initials: \_\_\_\_\_**

A PCI Annual Compliance Fee of \$99.50 will be assessed to the merchant account. If Compliance requirements are not met within the first 2 months of the Agreement, a \$125.00 Monthly Non-Compliance fee will be charged to the merchant account, which includes automatic required enrollment to the Card Compromise Assistance Plan, until Compliance is achieved. After compliance is achieved, the Card Compromise Assistance Plan Monthly Fee of \$7.95 is optional. Please see Card Compromise Assistance Plan terms at www.tsys.com/documents. Annual PCI Compliance Fee is billed on the January billing statement of each calendar year. Merchants who have signed up less than 60 days from this date are exempt from the said fee for the year. If the combination of the taxpayer identification number & legal name do not match Internal Revenue Services (IRS) records within the first 2 months of the Agreement, a \$25.00 Monthly Regulatory and Compliance Support Fee will be charged to the merchant account.

A \$25.00 fee will be charged per instance of chargeback and/or retrieval. The following Association-related fees, as adjusted or allocated by Processor, may be assessed to merchant: Assessments, Visa Network Acquirer Processing Fee, Visa International Acquirer Fee (including High Risk), Visa Debit Transaction Integrity, Visa Fixed Acquirer Network Fee, Visa Excessive Authorization Fee, Visa Zero Floor Limit, Visa Misuse of the Authorization System, Visa Integrity, Visa Data Consistency, Visa Credit Voucher, Mastercard Network Access Brand Usage Fee, Mastercard Account Status Fee, Mastercard AVS Card Present Fee, Mastercard AVS Card Not Present Fee, Mastercard Processing Integrity, Mastercard CVC2 Transaction Fee, Mastercard Digital Enablement, Mastercard Safety Net, Mastercard Excessive Authorization Fee, Mastercard Transaction Compliance Fee, Mastercard Nominal Amount Authorization Fee, Discover Data Usage Fee, Discover Network Authorization Fee, Discover PIF, American Express Access & System Processing Fee, All Other Applicable Association Fees. The following fees will also be assessed at Processor rates: the MC (Mastercard) Per Location Fee, and the Total System Services Network fee (TSSNF).

**SCHEDULE OF FEES**



## BANK DISCLOSURE

### Merchant Services Provider Contact Information

Name: Central Payment Co., LLC d/b/a Global Payments

Address: One Heartland Way, Jeffersonville, IN 47130

Website URL: [www.TSYS.com](http://www.TSYS.com)

Customer Service Phone Number: 800-449-8012 / 877-269-6970

### Member Bank Information: PNC Bank, N.A.

The Bank's mailing address is PNC Bank, N.A., 300 Fifth Avenue, Pittsburgh, PA 15222 and its phone number is (412) 803-711.

### Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Payment Network products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and Mastercard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve.

### Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Payment Network thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Payment Network rules.
- Retain a signed copy of this Disclosure Page.

### Merchant Resources

- You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/support/consumer/visa-rules.html>
- You may download "Mastercard Rules" from Mastercard's website at: <https://www.mastercard.us/en-us/business/overview/support/rules.html>

The responsibilities above do not replace the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

### Merchant Information

Business Legal Name (Printed): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Signature of Business Principal: \_\_\_\_\_

Name of Business Principal (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_