



PO Box 1017  
Daphne, AL 36526  
Phone: 866.242.4325  
Fax: 877.258.0063

# MERCHANT PAYMENT CARD APPLICATION/AGREEMENT

<input type="checkbox"/>	New Account
<input type="checkbox"/>	Additional Location Main Location MID:
<input type="checkbox"/>	Ownership Change Previous Owner's MID:

Independent Agent# / Bank ID#: <b>1859</b>	Rep #:	Rep Name:
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## I. Business Information (All fields in this section are mandatory)

CORPORATE INFORMATION		LOCATION INFORMATION
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Non - Profit	Business open Date:	
Legal Business Name:	Business Name (DBA):	
Address 1:	Address 1: (No P.O. Box!)	
Address 2:	Address 2:	
City:	City:	
State: Zip:	State: Zip:	
Phone: Fax:	Phone: Fax:	
Email:	Customer Service Phone:	
Fed Tax ID:	Web site:	
Bank Account # (DDA) (attach copy of voided check)	Do you currently accept Visa/MC/Discover® Network? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach 3 months statements)	
Bank Routing # (ABA)	Name of current processor:	

## II. Owners/Officers (Must Reflect 50% or More Ownership)

OWNER / OFFICER 1	OWNER / OFFICER 2	III. Trade Reference
Name:	Name:	Name:
Title:	Title:	Company:
Ownership %:	Ownership %:	Address:
City:	City:	Phone:
State: Zip:	State: Zip:	
Phone:	Phone:	
Cell Phone:	Cell Phone:	
Email:	Email:	
SSN:	SSN:	
DOB:	DOB:	
Driver's License # / State	Driver's License # / State	

## IV. Association Disclosure (Member Bank: Woodforest National Bank, P.O. Box 8339, The Woodlands, TX 77380, (800) 327-0093)

**Member Bank Responsibilities:** (1) A VISA member is the only entity approved to extended acceptance of VISA products directly to a merchant. (2) A VISA member must be a principal (signer) to the Merchant Agreement. (3) Woodforest National Bank is responsible for and must provide settlement funds to the merchant. (4) Woodforest National Bank is responsible for all funds held in reserve that are derived from settlement. (5) Woodforest National Bank is responsible for educating merchants on pertinent VISA International Operating Regulations with which merchants must comply.

**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 International Operating Regulations.

**The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the merchant understands some of the important obligations of each party and that the VISA Member – Woodforest National Bank – is the ultimate authority should the Merchant have any problems.**

Merchant Name	Merchant Title	Merchant Signature <b>X</b>	Date:
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**MERCHANT PAYMENT CARD APPLICATION/AGREEMENT**

<b>V. Merchant Site Survey (To be completed by Sales Rep)</b>			
<b>Merchant Location:</b> <input type="checkbox"/> Store Front <input type="checkbox"/> Warehouse <input type="checkbox"/> Office Building <input type="checkbox"/> Website <input type="checkbox"/> Residence <input type="checkbox"/> Other _____		<b>Area Zoned:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	
		<b>Permanent Signage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is Business Legitimate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Inventory Consistent with Business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Business Location:</b> <input type="checkbox"/> Owned <input type="checkbox"/> Leased    If leased, <b>Landlord Name:</b> _____		<b>Landlord Phone:</b> _____	
<input type="checkbox"/> I hereby certify that I have conducted my review of this merchant to the best of my ability and that, to the best of my knowledge and belief, the information set forth in this Application is true and accurate.			
<b>Inspected By (Print name):</b> _____		<b>Signature</b> <div style="text-align: center; font-size: 1.2em;">X</div>	
		<b>Date:</b> _____	
<b>VI. Product Advertising, Sales, and Delivery - REQUIRED QUESTIONS 1-6 MUST BE ANSWERED - MOTO QUESTIONS – 1m-11m</b>			
<b>1. Description of product sold:</b> _____ <small>(Sample(s) of product brochure(s)/catalog(s), price list(s), advertisement(s), yellow pages, etc. must be submitted.)</small>		<b>4m. Name of fulfillment house, if any:</b> _____	
<b>2. How does the customer purchase/order the product?</b> <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Phone <input type="checkbox"/> By Fax <input type="checkbox"/> Internet		<b>5m. At what point is consumer paid in full?</b> <input type="checkbox"/> 100% Paid in Advance <input type="checkbox"/> 100% Paid Upon Delivery / Completion	
<b>3. What is the delivery time frame to the consumer?</b> <input type="checkbox"/> 0-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-30 days <input type="checkbox"/> 30+ days		<b>6m. When you receive an authorization, how long before the merchandise is shipped?</b> _____	
<b>4. What is your return, cancellation, or refund policy?</b> _____		<b>7m. List the name(s) and address(es) of vendor(s) from whom the product is purchased:</b> _____	
<b>5. What percentage of your business is:</b> _____ % Deposits / Future Services?    _____ % Cash & Carry?		<b>8m. What shipping service do you use to deliver products to consumers?</b> <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Airborne <input type="checkbox"/> USPS Express	
<b>6. In what geographic areas will the product be marketed and sold?</b> _____		<b>9m.. How do you advertise?</b> <input type="checkbox"/> Catalog <input type="checkbox"/> TV or Radio <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet	
<b>1m. What percentage of sales transactions are with international cards?</b> _____ %		<b>10m. What is your warranty/guaranty?</b> <input type="checkbox"/> By Merchant <input type="checkbox"/> By Manufacturer    Provide description: _____	
<b>2m. Who owns product?</b> <input type="checkbox"/> Merchant <input type="checkbox"/> Vendor (Drop Ship Required)		<b>11m. Is your business seasonal? Months:</b> _____ to _____	
<b>3m.. Are consumers required to provide a deposit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Percentage: _____ %) <input type="checkbox"/> Incremental Payments (Percentages: _____ %, _____ %, _____ %, _____ %)			
<b>VII. Processing Volume</b>			
<b>Average Ticket:</b> \$ _____	<b>Percent of Business (MUST = 100%)</b>	<b>Sales Method (MUST = 100%)</b>	
<b>Highest Ticket:</b> \$ _____	_____ % Card Swiped	_____ % Store Front	_____ % Internet Services
<b>Monthly Volume:</b> \$ _____	_____ % Keyed with Imprint	_____ % Trade Show	_____ % Mail / Phone Order
<b>Annual Volume:</b> \$ _____	_____ % Keyed without Imprint	_____ % Off Premise	_____ % Other, specify: _____
<b>VIII. Rates &amp; Fees</b>			
<b>Interchange, Dues &amp; Assessments Plus:</b> <b>Rate</b> _____ % + <b>Fee:</b> \$ _____  <small>Visa/MC/Discover set their own Interchange Rates. Those rates can fluctuate from time-to-time and usually see minor adjustments in either April or October of each year. The rates above Interchange, charged by Alpha &amp; Omega Processing will never increase.</small>		<b>DISCOUNT :</b> <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <b>DEPOSIT TIME FRAME:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Alternate Funding – Subject to approval	
		<input type="checkbox"/> Pin Debit Transaction Fee plus Network Fees    \$0.00	
		<b>Monthly Pin Debit Access Fee:</b> \$5.00	
<b>Signature Debit Rate:</b> _____ % + \$0.05		<b>Address Verification Fee:</b> \$0.10	
<b>Monthly Service Fee:</b> \$10.00		<b>Chargeback Fee:</b> \$25.00	
<b>Annual Customer Service Fee:</b> \$00.00		<b>Retrieval/Representment Fee:</b> \$10.00	
<b>Monthly Minimum Discount Fee:</b> \$35.00		<b>Monthly PCI Protection Plan:</b> \$6.95	
<b>Voice Authorization Fee:</b> \$1.00		<input type="checkbox"/> Touch Tone Transaction Fee: \$0.75	
<input type="checkbox"/> Imprinter plus one package of sales slips: \$25.00		<input type="checkbox"/> Fleet Cards	
<input type="checkbox"/> EBT Transaction Fee: \$ _____ <b>EBT Certification#</b> (Copy of Certification Req'd) _____		<b>Wright Express Rate:</b> 3.50% + \$0.15 <b>Voyager Qualified Rate:</b> 3.40% + \$0.09	
<b>Monthly Access Fee:</b> <input type="checkbox"/> Gateway <input type="checkbox"/> Wireless    \$ .		<input type="checkbox"/> Merchant Club – Equipment Warranty	
<b>Wireless Setup Fee:</b> \$59.00		<b>Units:</b> _____ <b>Monthly Fee per Unit:</b> \$6.95	
<b>Wireless Transaction Fee:</b> \$0.45		<input type="checkbox"/> eMerchantSupport.com	
<b>Existing American Express Account#:</b> _____		<b>Monthly Online Account Access:</b> \$0.50	
<input type="checkbox"/> Apply for American Express _____ %		<b>AMEX/T&amp;E Draft Capture Transaction Fee:</b> \$0.20	

INITIALS \_\_\_\_\_

**MERCHANT PAYMENT CARD APPLICATION/AGREEMENT**
**IX. Additional Information**
**X. Processing Equipment**

<input type="checkbox"/> Retail	<input type="checkbox"/> Dial Out Prefix: _____	<input type="checkbox"/> V/WEX	<input type="checkbox"/> Rev PIP	<input type="checkbox"/> Wireless
<input type="checkbox"/> MOTO / Full AVS	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel Check In/Out		SIM Chip #: _____
<input type="checkbox"/> Small Ticket	<input type="checkbox"/> Tip	<input type="checkbox"/> EBT		ESN#: _____
				Terminal Serial #: _____

<input type="checkbox"/> Auto Settle	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> EST	<input type="checkbox"/> CST	<input type="checkbox"/> MST	<input type="checkbox"/> PST
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Equipment Type	Quantity	Manufacturer (Vendor)	Model #	Software
Terminal:				Product Name:
Printer:				Product Version#:
Pin Pad:				Vendor Name:
Check Reader:				Vendor Contact:
Acct # _____				Vendor Phone:
Other:				

**Build Equipment Download?** ☐ Yes ☐ No

<input type="checkbox"/> Quick Stop	Contact Name:		PCI DSS Audit
	Contact Phone:		
			Completion Date:
			Assessor Name:

**Additional Information:**
**XI. Merchant Acceptance**

**I. American Express Disclosure:** I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions.

**II.** This Merchant Payment Card Agreement contains six (6) pages including detailed Terms and Conditions ("Terms and Conditions"). Each person signing below certifies that all information provided in this application is true, correct, and complete, and each person agrees to be bound by all provisions set forth in this six (6) page document, including but not limited to the Terms and Conditions stated in the front and back of this Agreement. Each person authorizes the Bank or any credit reporting agency employed by the Bank or any agent of the Bank, to make whatever inquiries the Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application or any application for accompanying POS terminal(s) or equipment financing. An additional copy of the Terms and Conditions will be sent to the business entity indicated above along with the welcome letter upon approval of such business entity to accept payment cards by Woodforest National Bank. For detailed information related to the termination rights and obligations set forth in this Agreement, see Sections 2.14, 2.15, 2.17, 2.24, 2.27, 2.30, 2.34, 7.2, 7.3, Section 8 in its entirety, 10.12, and 10.16. The Terms and Conditions are also available online at <http://www.mcpscorp.com/MerchantBankcard/>.

Print Principle #1 Name	Title	Principle #1 Signature <b>X</b>	Date
Print Principle #2 Name	Title	Principle #2 Signature <b>X</b>	Date

**III. Personal Guaranty.** The undersigned Guarantor(s) hereby, individually, agree to the terms set forth in section 2.34 of this Agreement. The undersigned Guarantors further agree to pay to the BANK all expenses (including attorney fees and court costs) paid or incurred by the BANK in collecting such obligations and in enforcing this Guaranty.

Guarantor Printed Name	Guarantor Signature <b>X</b>	Date
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**FOR ALL CORPORATIONS -- Corporate Resolution**

The indicated officers identified signing above have the authorization to execute the Merchant Payment Card Agreement with Woodforest National Bank on behalf of the herewithin named corporation.

Secretary of the Board of Directors – Printed Name	Signature <b>X</b>	Date
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**XII. W9 - IRS REPORTING**

TIN: \_\_\_\_\_ LEGAL NAME: (As shown on your income tax return) \_\_\_\_\_

☐ **TAXPAYER I.D. NUMBER** - The Tax Payer Identification Number shown above (TIN) is my correct taxpayer identification number.

☐ **BACKUP WITHHOLDING** - I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

**SIGNATURE:** I certify under penalties of perjury the statements checked in this section are true and accurate and that I am a U.S. citizen or other U.S. person.

Principle #1 Signature <b>X</b>	Date
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