

Front Cover Sheet

Business (DBA): _____
Contact First Name: _____
Contact Last Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone #: _____
Rep Number: _____

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

ATTN: *New Accounts Department*
888-245-7153
FSNewApps@Elavon.com

Retail Face-to Face Merchant

- Complete Merchant Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture merchants must provide 2 years 3rd Party prepared Financial Statements.
- Complete Merchant Application Sales Worksheet (1 page)
- Business Verification – If the Onsite Inspection is not completed **one** of the following is required:
 - o 3 months of CURRENT processing statements
 - o Photos of the business site
 - o Yellow Page advertisement
 - o Business License
 - o 3rd party prepared business financials or tax returns
 - o 12 months of checking account history
 - o Phone Bill or Utility Bill
 - o Articles of Incorporation
 - o Copy of Federal Tax ID paperwork
 - o Professional License
 - o Lease Agreement (DBA address and lease agreement address must match)
 - o Sales and Use Tax
 - o Copy of Federal Tax Identification paperwork
 - o Business Tax Receipt
 - o W-9 (Long Form)
 - o Internet website registered to merchant
 - o Business credit bureaus report
 - o IRS Form 1099
 - o Proof of Tax-Exempt status

Additional Requirements for Card Not Present Merchants

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for an Internet Merchant

- o Same Additional Requirements as Card Not Present merchant
- o Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the merchant's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to merchant (in US/Canada only)

Additional Requirements for a Non-Profit Merchant

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW MERCHANT APPLICATION

1	MERCHANT INFORMATION					
DBA NAME:						
LEGAL/CORPORATE NAME (IF DIFFERENT THAN ABOVE):						
CONTACT NAME:			DBA PHONE #:			
DBA ADDRESS 1 (NO PO BOX):			DBA FAX #:			
DBA ADDRESS 2:			YEAR ESTABLISHED:			
CITY:	STATE:	ZIP CODE:	LENGTH OF CURRENT OWNERSHIP:	YEARS,	MONTHS	
EMAIL ADDRESS (REQ'D FOR SOME PRODUCTS):			MOBILE PHONE #:			
<input type="checkbox"/> Yes! I authorize Elavon and Member to send me text and e-mail messages for marketing purposes. I agree to receive autodialed calls and texts, and e-mail messages, from Elavon and Member at the mobile phone number and e-mail address I have provided for this purpose. Messages and data rates may apply. I understand that I am not required to provide my consent as a condition of using any Elavon or Member services. I also understand that Elavon and Member may send text and e-mail messages to the mobile phone number and e-mail address I have provided as part of servicing my account without my consent.						
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)					
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)						
DBA NAME:			PHONE #:			
CONTACT:			FAX #:			
ADDRESS:		CITY:	STATE:	ZIP CODE:		
STATEMENTS/ RETRIEVALS /CHARGEBACKS						
STATEMENTS	<input type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		RETRIEVALS	MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)		
CHARGEBACKS			CHARGEBACKS	MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)		
AUTO SEND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (CHAIN MERCHANTS ONLY – MUST INCLUDE CHAIN SET UP FORM)						
3	PRINCIPAL 1 INFORMATION (OWNER/PARTNER/OFFICER)					
<input type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP _____ % / TITLE: OWNER OR <input type="checkbox"/> OFFICER: TITLE _____						
FIRST NAME:		MI:	LAST NAME:		SSN#:	
HOME ADDRESS:				DOB:		
CITY:		STATE:	ZIP CODE:	HOME PHONE #:		
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS						
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:		
4	PRINCIPAL 2 INFORMATION					
<input type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP _____ % / TITLE: OWNER OR <input type="checkbox"/> OFFICER: TITLE _____						
FIRST NAME:		MI:	LAST NAME:		SSN#:	
HOME ADDRESS:				DOB:		
CITY:		STATE:	ZIP CODE:	HOME PHONE #:		
OTHER MERCHANT INFORMATION						
AVERAGE SALE AMOUNT: \$			CARD PRESENT _____ %			
TOTAL MONTHLY VISA/MC/DISC/UNIONPAY SALES: \$			CARD NOT PRESENT* _____ %			
DESCRIPTION OF PRODUCT/SERVICES OFFERED:			INTERNET* _____ %			
SPECIAL PROGRAM MCC ONLY:			(MUST TOTAL 100%)			
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)			* CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW			
INTERNET : PRODUCT WEBSITE:			CUSTOMER SERVICE PHONE #:			
INTERNET: "CONTACT US" EMAIL:			PREVIOUS PROCESSOR:			
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)						
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE	
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER	
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)						
DEPOSIT BANK NAME:		ABA/ROUTING #:		DDA ACCOUNT #:		
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):		ABA/ROUTING #:		DDA ACCOUNT #:		
TAPE ID (OPT):						
VALUE ADDED SERVICES						
<input type="checkbox"/> VALUE ADDED SERVICES (COMPLETE NEW MERCHANT APPLICATION – VALUE ADDED SERVICE SECTION)						

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)					PRICING CATEGORY																																																																																													
<input type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, DI)					<input type="checkbox"/> RETAIL <input type="checkbox"/> LODGING <input type="checkbox"/> MO/TO / INTERNET																																																																																													
<input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER (JCB, DI) <input type="checkbox"/> UNIONPAY					<input type="checkbox"/> RESTAURANT <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> ARU																																																																																													
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VISA	\$ _____	UNIONPAY	\$ _____	VOICE AUTH TOUCH TONE	\$ _____	MONETARY PRICING PROGRAM: (ONLY USE IF MSP OFFICE HAS A SPECIAL PRICING PROGRAM)																																																																																												
MASTERCARD	\$ _____	WEX	\$ _____	VOICE- OPERATOR ASSISTED	\$ _____	AUTH PRICING PROGRAM:																																																																																												
DISCOVER	\$ _____	DIAL COMMUNICATION	\$0.02	VOICE - WITH AVS	\$ _____	EQUIPMENT: 59999																																																																																												
AMEX	\$ _____	OTHER:	\$ _____	VOICE - BANK REFERRAL	\$ _____	MISCELLANEOUS: 59999																																																																																												
AMERICAN EXPRESS ONEPOINT					PIN DEBIT																																																																																													
CAP # _____ MONTHLY VOLUME: \$ _____ AMEX RATE*: _____ % \$ _____ CARD NOT PRESENT DOWNGRADE: 0.30 % AMEX PREPAID RATE*: _____ % \$ _____ (APPLIES TO CERTAIN INDUSTRY TYPES)					MONETARY PRICING: MARK UP: _____ % + \$ _____ PER ITEM PASS THRU: IC DIFF (DEFAULT) <input type="checkbox"/> PASS THRU: IC PLUS AUTHORIZATION PRICING: MARK UP: \$ _____ PER AUTH (ASSOC)																																																																																													
<small>*Rates listed above are based on the current understanding of our Industry Type and Card Acceptance Method and are subject to change upon review by our Underwriting Department (your first statement will confirm your American Express rate based on this review) - Assessments are billed as pass through at our cost. Future American Express rates are subject to change upon 30 days notice.</small>																																																																																																		
OTHER CARD TYPES EXISTING																																																																																																		
AMEX	SE # (10 DIGITS):	PER AUTH: \$	EBT	SE # (7 DIGITS):	PER AUTH: \$																																																																																													
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POINT OF SALE (EQUIPMENT OR SOFTWARE)																																																																																																		
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER					# OF TIDS:		COMMUNICATION METHOD (IP DEFAULT): <input type="checkbox"/> DIAL																																																																																											
VAR SERVICE PROVIDER (HOSTED):			VAR VENDOR (DISTRIBUTED):			GATEWAY (OPTIONAL):																																																																																												
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ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)																																																																																																		
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR					<input type="checkbox"/> ELAVON BILLS ONE TIME FEES																																																																																													
<small>Elavon and Member have no responsibility for, and shall have no liability to Merchant in connection with, any hardware or software, or any related services, Merchant receives under a direct agreement (including any sale, warranty or end-user license agreement) between Merchant and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Merchant with respect to such hardware, software or services.</small>																																																																																																		
TERMINAL PROGRAMMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)																																																																																																		
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)																																																																																										
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION																																																																																												
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE																																																																																																
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY																																																																																																
CUSTOM PROMPTS: (CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)		<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____		<input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ _____ (MAX)		<input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)																																																																																										
		<input type="checkbox"/> NO TIP (REST)		<input type="checkbox"/> TIP FUNCTION CASHIER (RTL)		<input type="checkbox"/> CLERK PROMPT (RTL)		<input type="checkbox"/> CUSTOM FOOTER: _____																																																																																										
		<input type="checkbox"/> TIP FUNCTION WAITER (RTL)																																																																																																
TRAINING (DEFAULT = NO TRAINING): <input type="checkbox"/> TRAINING					PHONE INFORMATION: ACCESS #:																																																																																													
CONTACT NAME:					CONTACT PHONE #:																																																																																													

_____ Initials

REPORT TOOLS

MCP ONLY **OR** MCP WITH OCM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT
 ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

SUBSTITUTE FORM W-9

SOLE PROPRIETOR PUBLIC CORP CLOSELY HELD CORP SUB S CORP GOVERNMENT GENERAL PARTNERSHIP
 LIMITED PARTNERSHIP TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) OTHER (ASSN/ESTATE/TRUST)
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C OR P)

NAME* : _____
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS: _____ TIN (EMPLOYER ID #): _____
 OR _____ TIN (SOCIAL SECURITY #): _____
 CITY: _____ STATE: _____ ZIP: _____

5 MERCHANT REPRESENTATIONS AND CERTIFICATIONS

Merchant Representations and Certifications. By signing below, the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf, respectively. If you are accepting electronic payments through Transend Pay you also agree to the Terms and Conditions set out under the Resources tab at www.elavon.com/transendpay, and as subsequently amended in the MOG in Chapter 24 Transend Pay Services. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$30 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:
(a) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
(b) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen, or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7).*

American Express Acceptance Agreement - By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Elavon and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates, as defined in the AXP agreement, to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Elavon and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200. I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Elavon to perform services for AXP or to AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Elavon servicing program that the entity may be enrolled in American Express's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s), by signing the Merchant Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or Merchant. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME:	REP ID #:	DATE:
REP PHONE #:	REP EMAIL:	ELAVON USA-MSP-ELV-1114	

SALES WORKSHEET

DBA:

ACCOUNT DESIGNATION					
<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION	OF
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME:	
CLIENT GROUP #:	ENTITY:	REP #:	AWB:		
MULTI-MID REQUEST					
<input type="checkbox"/> MULTI MID - NEW MERCHANT RELATIONSHIP		<input type="checkbox"/> PRIMARY MID			
<input type="checkbox"/> MULTI MID - EXISTING MERCHANT RELATIONSHIP		EXISTING MID OR AWB:			
BUSINESS VERIFICATION					
<input type="checkbox"/> OTHER BUSINESS VERIFICATION DOCUMENTATION INCLUDED					
ONSITE INSPECTION					
I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:					
BUSINESS LOCATED IN: <input type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):					
<ul style="list-style-type: none"> • I HAVE PHYSICALLY BEEN ON SITE • MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) • THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS • MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 					
SIGNATURE: _____					
PRINTED NAME:		REP #:	DATE:		
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES:					