



Sales Office \_\_\_\_\_ Print Sales Rep Name \_\_\_\_\_ Sales ID# \_\_\_\_\_  
 Merchant # \_\_\_\_\_ Sales Rep Signature \_\_\_\_\_ Phone #: \_\_\_\_\_

**I. BUSINESS INFORMATION**

Client's Business Name ( <i>Doing Business As</i> ):			Client's Corporate/Legal Name ( <i>Use Also For Headquarter's Information</i> ):		
Business Address:			Billing Address ( <i>If Different Than Location Address</i> ):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail Address:			Contact Fax # / E-mail Address:		
Business Website Address:			Contact Phone #:		
Customer Service Phone #:	Customer Service 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: _____	
Name ( <i>as it appears on your income tax return</i> )		FEDERAL TAX ID # ( <i>as it appears on your income tax return</i> )		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. ( <i>If checked, please attach IRS Form W-8.</i> )	

**NOTE:** Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part II, Section A.3 of your Program Guide for further information.)

Detailed Explanation of Type of Merchandise, Products or Services Sold:

**2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION – ALL MERCHANTS**

Are you using a Vendor for this site survey?  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 / V/Discover® Network Sales?  
 Yes  No If yes, check one:  
 Exchange  Store Credit  MC / V/Discover Network  
 If MC / Visa/Discover Network 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 / Internet 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 bankcard 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 / Discover Network 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

MMG1502	<b>3. COMPANY HISTORY</b>						MMG1502(ia)
Date Business Started:		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal					
<b>TRADE REFERENCE 1</b>			<b>TRADE REFERENCE 2</b>				
Vendor Name:			Vendor Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
Contact Name:			Contact Name:				
Contact Telephone:	Vendor Acct. #:		Contact Telephone:	Vendor Acct. #:			

<b>4. OWNERS / PARTNERS / OFFICERS</b>							
<b>OWNER / PARTNER / OFFICER 1</b>				<b>OWNER / PARTNER / OFFICER 2</b>			
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:	Country:	City:	State:	Zip:	Country:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:	State:	D.O.B.:	DL #:	State:		

<b>5. SETTLEMENT INFORMATION</b>	
Deposit Bank:	Bank Contact:
Transit / ABA #:	Deposit Account #:
ACH Detail Flag: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate <i>(defaults to Combined if option not selected)</i> <input type="checkbox"/> Voided Check Provided	

<b>6. EQUIPMENT</b>	
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North/Tape <input type="checkbox"/> Nashville/Tape <input type="checkbox"/> Buypass/ Tape <i>(Purchase price does not include sales tax or Shipping &amp; Handling charges.)</i>	
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____	
INTERNET GATEWAY: <input type="checkbox"/> USAePay <input type="checkbox"/> Other: _____	Wireless Network: _____
PC/Internet Software _____	Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Existing
Terminal Model _____	Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Existing
Pin Pad _____	Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Existing
Card Reader _____	Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Existing

<b>7. TRANSACTION / THIRD PARTY INFORMATION</b>	
<b>FINANCIAL DATA</b>	<b>WHERE IS SALE TRANSCATED?</b> <i>(Must = 100%)</i>
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Average MC/V/Discover Network Ticket <i>(Estimate If Never Processed in Past)</i> \$ _____
Average YEARLY MC/Visa Volume \$ _____	Highest Ticket Amount \$ _____
Average YEARLY Discover Network Volume \$ _____	Store Front/Swiped _____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____	Internet _____ %
Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail Order _____ %
If yes, give name/address: _____	Telephone Order _____ %
	Total <b>100</b> %

MMG1502	<b>8. SERVICE FEE SCHEDULE</b>	MMG1502(ia)
<b>Authorization &amp; Capture Transaction Fees</b>		
MC/Visa Auth & Capture Fee: \$ _____ (Per Item)	<input type="checkbox"/> American Express or <input type="checkbox"/> American Express ESA / Pass Through	TransArmor Auth Fee \$ _____ (Per Item)
Discover Network Auth & Capture Fee: \$ _____ (Per Item)	American Express Auth & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ <b>1.50</b> (Per Item)
<input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	Amer. Express ESA/Pass Through SE #: _____ American Express Monthly Fee \$ _____	Electronic AVS Fee \$ <b>0.10</b> (Per Item)
		Voice AVS Fee \$ <b>2.50</b> (Per Item)
		ARU Fee \$ <b>0.65</b> (Per Item)

<b>Miscellaneous Fees</b>			<b>Monthly Fees</b>		
<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ <b>10.00</b> (Per Item)	Retrieval Fee (12B Letter) \$ <b>5.00</b> (Per Item)	Return Trans. Fee \$ <b>4.00</b> (Per Item)	Access One Merchant Fee \$ _____	
Batch Fee \$ _____ (Per Item)	Sales Trans Fee \$ _____ (Per Item)	PCI Fee \$ _____	Early Termination Fee \$ _____ (One time fee)	Customer Service Fee \$ _____	
EBT – Food Stamps \$ _____ (Per Item) #:	EBT – Cash Benefits \$ _____ (Per Item)	ACH Reject Fee \$ _____		Wireless Fee \$ _____	
Monthly Minimum Fee \$ <b>10.00</b>	Statement Fee \$ _____ (Acct on File)	Annual Fee \$ _____	Other: \$ _____	PayEzee Access Fee \$ _____	
Pass Visa ACQ ISA Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Acquirer Processing Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Auth Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Clover Access Fee \$ _____	
Pass Visa Kilobyte Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Fixed Acquirer Network Fee (FANF) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gateway Fee \$ _____	
Pass MC Kilobyte Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Trans Integrity Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Acquirer Support Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Set up Fee (one time) \$ _____	
Pass MC Proc Integrity Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Network Auth Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Int'l Acquirer Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Supplies: \$ _____	
Pass MasterCard CVC2 Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Acquirer Brand Fee Usage (NABU) fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Proc Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other: \$ _____	
Pass MC Cross Border Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass American Express Network Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Data Usage Charge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other: \$ _____	
Pass STAR Debit Network Annual Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Pulse Debit Network Annual Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Jeanie Debit Network Annual Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other: \$ _____	

**Accept all MasterCard, Visa, Discover and AMEX Network Transactions (presumed unless any selections below are checked)**

<b>MasterCard Acceptance</b>	<b>Visa Acceptance</b>	<b>Discover Network Acceptance</b>
<input type="checkbox"/> Accept MC Credit Transactions <u>only</u>	<input type="checkbox"/> Accept Visa Credit Transactions <u>only</u>	<input type="checkbox"/> Accept Discover Network Credit Transactions <u>only</u>
<input type="checkbox"/> Accept MC Non-PIN Debit Trans. <u>only</u>	<input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <u>only</u>	<input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <u>only</u>

See Section 1.9 of the Program Guide for details regarding limited acceptance.

MasterCard Credit Rate \$ _____	Visa Credit Rate \$ _____	Discover Credit Rate \$ _____	AMEX Credit Rate \$ _____
Other Item Volume % _____	Other Item Volume % _____	Other Item Volume % _____	Other Item Volume % _____
MasterCard Debit Rate \$ _____	Visa Debit Rate \$ _____	Discover Debit Rate \$ _____	
Other Item Volume % _____	Other Item Volume % _____	Other Item Volume % _____	

**Tiered**

Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network Qual Credit	%	\$	AMEX Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Disc. Network Mid-Qual Credit	%	\$	AMEX Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Disc. Network Non-Qual Credit	%	\$	AMEX Non-Qual Credit	%	\$
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Network Qual Debit	%	\$		%	\$
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Disc. Network Mid-Qual Debit	%	\$		%	\$
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Disc. Network Non-Qual Debit	%	\$		%	\$
MC Regulated Debit	%	\$	Visa Regulated Debit	%	\$	Disc. Network Reg. Debit	%	\$		%	\$

**ERR**

	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%	AMEX Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%	AMEX Qual Debit	%	%

**Pass Through Interchange - Includes Dues and Assessments**      **One Rate**

Other Item Rate	Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)	
\$ _____ per Item	MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%	AMEX Qual Credit	%
	MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%		

**PIN DEBIT**

Pass Through Debit Network Fees    Other Item Rate \$ \_\_\_\_\_ (per item)    Other Volume Percent \_\_\_\_\_ % (per item)    Debit Access Fee \$ \_\_\_\_\_ (Monthly)

**Fleet**

**Wright Express:** Other Item Rate \$ \_\_\_\_\_ (per item)      **Voyager:** Qual \_\_\_\_\_ %      Other Item Rate \$ \_\_\_\_\_ (per item)

**9. GRID INFORMATION - INTERNAL USE ONLY**

MC CREDIT MPG ID 8-position Alpha/Numeric	VISA CREDIT MPG ID 8-position Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID 8-position Alpha/Numeric	AMEX Descriptor	AUTHORIZATION GRID ID#:
MC DEBIT MPG ID 8-position Alpha/Numeric	VISA DEBIT MPG ID 8-position Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID 8-position Alpha/Numeric		USER DEFINED GRID ID#:
MC CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	VISA CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK CREDIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)		SIC/MCC:
MC DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	VISA DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK DEBIT TIERED GRID ID 8-pos. Alpha/Numeric (Client Use)		AMEX Fee Class

MMG1502 **10. SIGNATURE(S)** MMG1502(ia)

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 Program Guide [Version MMG1502(ia)] and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 7, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes Merchant Management Group, LLC ("MMG") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes MMG and BANK and their Affiliates (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

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 MMG and Bank and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, sub-contractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct MMG and Bank and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents 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 on me 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 AXP protects your privacy and how AXP 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, as applicable, the entity will be provided with the Agreement and materials welcoming it, either to AXP's program for MMG and Bank to perform services for AXP or in 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 MMG and Bank servicing program that the entity may be enrolled in AXP'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.

Client authorizes MMG and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

**Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.**

**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 MMG and Bank.**

**Client's Business Principal/Officer:**

Signature  \_\_\_\_\_ Title \_\_\_\_\_ Signature  \_\_\_\_\_  
Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_ Print Name of Signer \_\_\_\_\_  
Signature  \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee:** The undersigned guarantees to MMG and Bank the performance of this Agreement 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. MMG and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of MMG and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

**Personal Guarantee**

Signature  \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee**

Signature  \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Accepted By Merchant Management Group, LLC**

**Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598**

Signature  \_\_\_\_\_ Signature  \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**PROCESSOR INFORMATION:** Name: Merchant Management Group, LLC  
 Address: P.O. Box 947, Panama City, FL 32402  
 URL: www.merchantmanagementgroup.com Customer Service #: 1-850-747-0664

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20 of the Card Processing General Terms.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part II, A.3 under "Additional Fee Information."

#### 9. Card Organization Disclosure

##### Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

##### Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) 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.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

##### Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: [http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.htm>

Print Client's Business Legal Name: \_\_\_\_\_

By its signature below, Client acknowledges that it has received the complete Program Guide [version MMG1502(ia)] consisting of 28 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

[www.merchantmanagementgroup.com](http://www.merchantmanagementgroup.com)

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.**

#### Client's Business Principal:

Signature (Please sign below):

**X** \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_  
Please Print Name of Signer