

# MERCHANT ACCOUNT INSTRUCTIONS



Please open this application using **Adobe Reader** so all fields read correctly

Now that you're ready to get your account setup, please have all your personal, business and banking information handy and the application will take about 10 minutes. We recommend typing in the application versus hand writing just to make sure all information is readable. Once complete print out the application and sign in the proper places (**NO ELECTRONIC SIGNATURES**) and either fax, upload or scan a email all the documents to your sales representative.

## Supporting Documents & Check List

Copy of voided check or a letter from the merchants' bank, verifying business name, ABA routing # and account # on bank letterhead signed by a bank representative.

A copy of a business license or articles of incorporation, or other evidence that business is a legally operating entity and confirms business name with address.

Last 3 months of processing statements from current merchant account. "Only if currently processing".

Checked all forms for correct and complete signatures and have double-checked all documentation to insure that it is accurate and complete.

**If your business sells over the web make sure this information is on your website**

## eCommerce Requirements by Visa- Please Forward to Web Developer

- Website must be active with matching DBA from merchant application
- Customer Service number or email listed
- Return/Refund policy present
- Merchant's Privacy Statement
- Secure Order Page
- SSL Certificate
- Products/Services listed with price
- Delivery Method and Timing are clearly stated

**Please fax or upload the application with all supporting documents to:**



**FAX-**

**Or**



**Have questions? Please call your sales rep**



**Upload- CLICK HERE!**

CARDCONNECT INTERNAL USE ONLY:										CLIENT RELATIONSHIP INFORMATION:									
New MID #:										Referral Source Type:									
V #:										Sales Rep Name:					Agent Code:				
										Telephone #:									
<b>SECTION 1 – DBA (Doing Business As) INFORMATION</b>																			
DBA Name:																			
DBA Address Line 1 (Physical Only, No PO/PMB Boxes):																			
DBA Address Line 2:																			
City:					State:					Zip:									
DBA Telephone #:					Ext:					Other Contact #:									
DBA Fax #:																			
DBA Contact Name:																			
Contact Phone # if Different from Above:					Ext:														
Business Contact Email Address:										<b>IMPORTANT:</b> This email is required to setup your online merchant account via Reporting Center and for industry compliance notifications.*									
Business Product Website Address:																			
Please list Hours of Operation:					Days _____ Hours _____ a.m. to _____ p.m.					Please select days closed:					<input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> MST <input type="checkbox"/> PST <input type="checkbox"/> HST				
					Days _____ Hours _____ a.m. to _____ p.m.														
<b>Legal Information (required for IRS Reporting)</b>																			
Legal Business Name:																			
Legal Mailing Address:																			
Legal Mailing Address 2:																			
City:					State:					Zip:									
Legal Telephone #:					Ext:					Other Contact #:									
Legal Fax #:																			
Legal Contact Email Address:					<b>IMPORTANT:</b> Legal Mailing Address indicates where your IRS Form1099k should be mailed to annually.														
<b>SECTION 1A – BUSINESS TYPE &amp; MAILING PREFERENCE</b>																			
Federal Tax ID: (Required) (9 digits)					MCC/SIC Code:					Business Start Date:					Mo: _____ Yr: _____		Number of Locations: _____		
Detailed Description of products and services sold (attach separate pages if needed):																			
Ownership Type:					<input type="checkbox"/> C Corporation - Public Company <input type="checkbox"/> C Corporation - Private Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sub S. Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Government (Local/State/Federal) <input type="checkbox"/> Other (Trust, etc.): <input type="checkbox"/> Tax Exempt Organization (please include Federal Tax ID and documents that support the exempt status)														
Any Bankruptcies:					Business: <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, filing date: _____					Discharge date: _____				
					Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, filing date: _____					Discharge date: _____				
Mailing Preferences:					Mail statements to: <input type="checkbox"/> Legal address <input type="checkbox"/> DBA Address <input type="checkbox"/> Other Address    If other address, please list below. Mail chargebacks to: <input type="checkbox"/> Legal address <input type="checkbox"/> DBA Address <input type="checkbox"/> Fax chargebacks to:														
					Other Address:					Street:					City:				

*\*Providing us with your business email address is required so that we may contact you regarding important account updates or notifications as well as industry compliance updates.*

**SECTION 1B – OWNERS/OFFICERS/PARTNERS**

Note: All merchant applications must contain 50% of ownership. (Please use a separate sheet if more than 2 owners/officers/partners represent the combined ownership of 50%).

Processor's privacy policy with respect to the collection and use of Social Security Numbers can be found at [www.cardconnect.com](http://www.cardconnect.com).

<b>Owner/Officer/Partner Name:</b>		<b>Title:</b>	
<b>Percent (%) Owned:</b>	<b>Social Security #:</b>	<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Owner/Officer/Partner Name:</b>		<b>Title:</b>	
<b>Percent (%) Owned:</b>	<b>Social Security #:</b>	<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**SECTION 1C – CREDIT CARD PROCESSING HISTORY**

<b>Seasonal Business:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No / If yes, please indicate the months that are ACTIVE.	J	F	M	A	M	J	J	A	S	O	N	D
<b>Have you ever accepted credit cards before?</b> If yes, please list the processor name below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Important:</b> Provide most recent 2 months processing statements from your current provider with this application. If MO/TO or Internet business, provide most recent 3 months statements.									
<b>Current Processor:</b>													
<b>List the percentage totals for all of the types of transactions you have. THE TOTAL MUST EQUAL 100%:</b>													
Card present-swiped ____ %				Card present-keyed ____ %				MO/TO ____ %				E-Commerce ____ %	
<b>Total Monthly Sales:</b> \$ _____		<b>Total Monthly Visa®/MasterCard®/Discover® Network/ American Express® Card Sales:</b> \$ _____				<b>Average Ticket Amount:</b> \$ _____				<b>Highest Ticket Amount:</b> \$ _____			

**SECTION 1D – DELAYED DELIVERY & REFUND POLICY**

<b>Do you bill your customer prior to goods being shipped?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	When does the customer receive the goods purchased? <input type="checkbox"/> Same Day <input type="checkbox"/> Not Same Day If not same day, ____ number of days (please include shipping timeframe).
<b>Do you require a deposit on your goods or service?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how far in advance do your customers make the deposit? ____ days When is the total balance required? ____ days before service
<b>Refund Policy:</b>	<input type="checkbox"/> Refund in ____ days or less <input type="checkbox"/> No refund or exchange <input type="checkbox"/> Exchange only <input type="checkbox"/> Other: _____

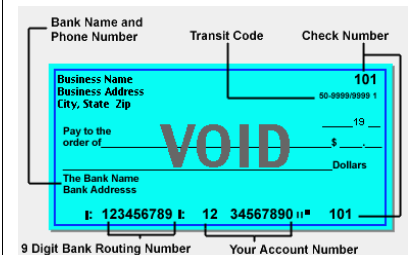
**SECTION 1E - BUSINESS CHECKING INFORMATION**

**AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic credit and/or debit and/or check entries to the account identified in the **attached voided check** relating to the DDA bank information account for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents.

Please include a copy of a voided check with this application (imprinted check with business name and address). **Important: No starter checks will be accepted.**

☐ I have attached a voided check or bank letter.

If you do not have your imprinted checks (business name and address), please include with this application, a letter from your Bank on Bank letterhead with the Account Name, DDA number and Routing Transit number to be used for the merchant account.



<b>Account Type:</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger	<b>Deposits &amp; Withdrawals:</b>	<input type="checkbox"/> Deposit & Withdrawal <input type="checkbox"/> Deposit Only
<b>Account Type 2:(if applicable)</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger	<b>Deposits &amp; Withdrawals:</b>	<input type="checkbox"/> Withdrawal Only
<b>BANK ROUTING NUMBER</b>		<b>BANK DDA:</b>	

**Notes**

## SECTION 2 – ENTITLEMENT & FEE SCHEDULE

<b>Card Types Accepted:</b>	<input type="checkbox"/> Visa® Credit and Business <input type="checkbox"/> Visa Debit <input type="checkbox"/> MasterCard® Credit and Business <input type="checkbox"/> MasterCard Debit <input type="checkbox"/> Discover® Network <input type="checkbox"/> Pin Debit* <input type="checkbox"/> EBT*    FNS #: _____ <input type="checkbox"/> American Express®*		
<b>Industry Type:</b>	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input type="checkbox"/> Internet <input type="checkbox"/> Supermarket <input type="checkbox"/> Restaurant <input type="checkbox"/> MO/TO <input type="checkbox"/> Auto Rental <input type="checkbox"/> Emerging Markets		<input type="checkbox"/> Other: _____

### AMERICAN EXPRESS/DISCOVER ACCOUNT NUMBERS

<b>Add AMEX Account*:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acct #: _____	A new merchant to CardConnect OR for existing CardConnect merchant requesting a new MID will receive a new Amex Account.
<b>Add Discover Account:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acct #: _____	A new merchant to CardConnect OR existing merchant requesting a new MID will receive a new Discover Network Card Account.

### FLAT RATE

Pass Through Dues & Assessments	Discount		PIN DEBIT / EBT	
MC (Qual Credit / Non-PIN Debit)	%		Pin Based Debit (Pass-thru Plus)*	%
Visa (Qual Credit / Non-PIN Debit)	%			PT +
Discover Network (Qual Credit / Non-PIN Debit)	%			\$
American Express* (Qual Credit)	%		EBT Authorization*	%

### PASS THROUGH INTERCHANGE

	Discount		Discount		Discount		Discount
MC Qual Credit	%	Visa Qual Credit	%	Discover Qual Credit	%	American Express* Qual Credit	%
MC Qual Non-PIN Debit	%	Visa Qual Non-PIN Debit	%	Discover Qual Non-PIN Debit	%		

### PASS THROUGH OF ACTUAL COST <sup>1</sup> (These are non-negotiable cost directly from the Card Associations and Debit Networks)

<u>VISA</u>	<u>MasterCard</u>	<u>American Express*</u>	<u>Discover</u>
<ul style="list-style-type: none"> <li>• APF</li> <li>• Intl Assessments</li> <li>• Misuse of Authorization</li> <li>• Zero Floor Limit</li> <li>• Assessment Fees</li> <li>• FANF<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• NABU Fee</li> <li>• Cross Border/APS</li> <li>• Assessments &gt; \$1,000</li> <li>• Assessments</li> <li>• Digital Enablement Fee</li> <li>• ALF</li> <li>• MC Location Monthly Fee</li> </ul>	<ul style="list-style-type: none"> <li>• Inbound Fees</li> <li>• Network Fees</li> <li>• Non-swiped Transaction Fee</li> <li>• Non-swiped Application-Initiated Transaction</li> <li>• Excessive Dispute Fee</li> </ul>	<ul style="list-style-type: none"> <li>• Data Usage Fee</li> <li>• International Service Fee</li> <li>• Network Assessment Fee</li> <li>• Network Authorization Fee</li> </ul>
			<b><u>Pin Debit Network Participation Fee*</u></b> <ul style="list-style-type: none"> <li>• Includes "all Pin Debit Networks"</li> </ul>

<sup>1</sup>Visa, MasterCard, Discover, American Express and Debit Networks implement periodic price changes, any changes will be passed through to the merchant.

<sup>2</sup>Please review the Visa FANF pricing table addendum for more details on the monthly billing fee.

### AUTHORIZATION / TRANSACTION FEES (PER ITEM)

VISA, MasterCard, Discover, AMEX* Network Cards Authorization Fee	\$	Visa, MasterCard, Discover, AMEX* Transaction Fee	\$	AVS Fee	\$
Gateway Transaction Fee*	\$	Voice Authorization / Operator Assistance*	\$		
Wireless Transaction Fee*	\$	Batch Fee	\$		

### MONTHLY & MISCELLANEOUS FEES

Application Fee (one time)	\$	Optional Data Breach Program* (monthly)	\$	Annual PCI Compliance Program* (per Merchant ID/non-optional)	\$
Minimum Discount (monthly)	\$	Chargeback Fee (per item)	\$	PCI Non-Compliance* (monthly) (per Merchant ID if not certified by deadline date)	\$
Early Termination Fee ‡ (one time)	\$	Retrieval Fee (per item)	\$	Gateway Setup* (one time)	\$
DDA Rejects (per item)	\$	Annual Fee	\$	Gateway Fee* (monthly)	\$
CardPointe Fee* (monthly)	\$	Administrative Maintenance Fee* (monthly)	\$	Wireless Setup* (one time)	\$
		Terminal Rental Fee* (monthly)	\$	Wireless Fee* (monthly)	\$

\*These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no responsibility or liability therefor.

‡ \$50 in Arkansas

SECTION 2A - EQUIPMENT*				
Equipment Options	Equipment Type	Order New	Qty	Cost
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Shipping		N/A		\$
Reprogramming		N/A		\$

SECTION 2B - TERMINAL FUNCTIONALITY & FEATURES	
Comm Type: <input type="checkbox"/> Dial/Analog Line <input type="checkbox"/> AVS <input type="checkbox"/> IP/Ethernet <input type="checkbox"/> CVV <input type="checkbox"/> Wireless Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Auto Close Time: _____ AM <input type="checkbox"/> Auto Close Time: _____ PM <input type="checkbox"/> Clerk/Server ID <input type="checkbox"/> Tip Adjust	

SECTION 2C PRODUCT/SOLUTION OPTIONS* (Please select no more than one product type and its correlating option for each section)			
Type:			
	\$	Option:	\$
	\$		\$
	\$		\$

SECTION 2Ca PRODUCT/SOLUTION OPTIONS*			
Type:			
	\$	Option:	\$
	\$		\$
	\$		\$

SECTION 2Cb PRODUCT/SOLUTION OPTIONS*			
Type:			
	\$	Option:	\$
	\$		\$
	\$		\$

\*These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no responsibility or liability therefor.

SECTION 3 – PAYMENT CARD INDUSTRY DATA SECURITY STANDARD (PCI DSS)	
<b>Merchant PCI DSS Compliance Validation</b> You must provide a copy of your SAQ with this application if you claim your business is validated as being PCI DSS compliant. Please complete the following questions.	
1. Have you completed a Self-Assessment Questionnaire (SAQ) and are certified as PCI DSS compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What is your renewal date?* _____	
<p><i>*If we have not received receipt of your validation of compliance with your PCI DSS standards within the first 60 days of the date of the Agreement, you will be charged a monthly non-receipt of PCI Validation fee as set forth in the Application or as otherwise communicated to you, for the period beginning upon expiration of the 60 day period, until such time as you are compliant or this Agreement is terminated, whichever comes first. This monthly non-receipt of PCI Validation fee is in addition to any and all other fees for which you are responsible related to your failure to be compliant as required hereunder.</i></p>	

**SECTION 4 – INDEPENDENT CONTRACTOR/AGENT INFORMATION** (only applicable if access to cardholder data)

Please list the name of each independent contractor(s) or agent(s) that will have access to cardholder data (attach separate pages if needed).

Company Name:				Name:			
Company Address:				City:		State:	Zip:
Contact Phone #:		Ext:		Other Number:			

**SECTION 5 – SIGNATURES**

For purposes of this application, "Processor" is CardConnect; 1000 Continental Drive, Suite 300, King of Prussia, PA 19406 and can be contacted at 1-800-675-7430 and "Merchant Bank" is Synovus Bank (Merchant Bank), 1125 First Avenue, Columbus, GA 31901, 706-649-4900. The undersigned Guarantor guarantees the payment and performance in full of all obligations under the Agreement (including any applicable Addendum) of the Merchant named in this Merchant Application, all in accordance with the Guaranty set forth in the Agreement, which Agreement, Guaranty, Addendums and Merchant Application are all hereby incorporated by reference into Section 5B below. **Agreement Signature:** By signing below, each of the Merchant and Guarantor(s) and each individual signing below as a Principal or Owner of Merchant (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete, and the persons signing this Merchant Application have the power to execute and are duly authorized to bind Merchant to all provisions of this Merchant Application and Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and any applicable Addendum ("Addendum") to the Agreement; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies, including financial data from your financial institution(s) of the person(s) signing below as a Principal or Owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3) acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, any applicable Addendum ("Addendum") to the Agreement and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, the Merchant Quick Reference Guide and any applicable Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling. Early Termination Fees May Apply: See Merchant Card Processing Agreement.

American Express OptBlue Program: CardConnect has entered into an agreement with TSYS Acquiring Solutions, LLC for the provision of certain services to Merchant for the American Express OptBlue® Program. The provisions of this Merchant Application and Agreement and the Merchant Card Processing Agreement regarding American Express Transactions constitute an agreement solely between MERCHANT and CardConnect. You acknowledge that Merchant Bank is not a party to this Merchant Application and Agreement or the Merchant Card Processing Agreement insofar as it relates American Express Transactions, and Merchant Bank is not responsible for, and shall have no liability to you in any way with respect to, American Express Transactions. If Merchant has elected to accept American Express® Transactions (as indicated in Section 2 of this Merchant Application), in addition to all other terms of this Merchant Application and Agreement and the Merchant Card Processing Agreement, Merchant agrees to the American Express provisions set forth in the Merchant Card Processing Agreement. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Merchant expressly authorizes Processor to submit American Express® Transactions to, and to receive settlement funds from American Express, on Merchant's behalf. Merchant or Processor may terminate Merchant's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Merchant's rights and obligations pursuant to the remainder of this Merchant Application and Agreement and the Merchant Card Processing Agreement. Merchant acknowledges that, if at any time Merchant is no longer qualified to participate in OptBlue Program, Merchant may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the OptBlue Program, and Merchant's acceptance of American Express® Payment Devices pursuant to this Merchant Application and Agreement and the Merchant Card Processing Agreement will be terminated. Merchant acknowledges that American Express shall have third party beneficiary rights, but not obligations, solely with respect to the terms and conditions applicable to AMERICAN EXPRESS CARD ACCEPTANCE, and that American Express has the right to enforce such terms and conditions directly against the Merchant.

**SECTION 5A - MERCHANT SIGNATURE**

Print Name	Title
<b>Merchant Signature (Principal/Owner)</b>	Date
Print Name	Title
<b>Merchant Signature (Principal/Owner)</b>	Date

**SECTION 5B - GUARANTOR SIGNATURE**

Print Name	
<b>Guarantor Signature</b>	Date
Print Name	
<b>Guarantor Signature</b>	Date

**Merchant acknowledges receipt of Merchant Card Processing Agreement and applicable Addendums (check and initial below):****Merchant Card Processing Agreement** \_\_\_\_\_**INITIAL HERE**

(including Card Not Present (CNP) Addendum, Special Services Addendum, and Merchant Use and Disclosure of BIN Information Addendum)

**-CARDCONNECT INTERNAL USE ONLY-**

Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

## PATRIOT ACT NOTIFICATION

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 individual or business that opens an account. What this means for you when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and/or other identifying documents. **Note: You must complete both Business Identification and Personal Identification sections below.**

### Business Identification

**Minimum of one box must be checked and completed, and supporting documentation must be provided.**

☐ **Government Issued Business License**

Identification No.: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date Issuance: \_\_\_\_\_

☐ **Article of Incorporation/Corporate Resolution/Partnership Agreement**

Place of Issuance: \_\_\_\_\_ File Date: \_\_\_\_\_

### Personal Identification

**A Driver's License is required as proof of identity. Use other ID options noted below ONLY if no driver's license has been issued. Select the identification method used and provide documentation to merchant services representative for verification and validation.**

Driver's License

Passport

Mexican Consulate ID

Military ID

Resident Alien ID

Number on ID: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Signatures

By signing below, you hereby acknowledge and agree that the information listed herein is true and correct and was personally observed on the indicated documents.

**SIGN HERE**

**Merchant Signature**

Print Name and Title of Merchant

Date

Merchant Services Rep Signature

Print Name & Title of Merchant Services Rep

Date

## SITE SURVEY

**Merchant location type:** ☐ Shopping center ☐ Stand alone building ☐ Office building ☐ Residence ☐ Other: \_\_\_\_\_

**The merchant:** ☐ Owns the building ☐ Leases/Rents the prem If leasing or renting, list the landlord information.

Landlord Name: \_\_\_\_\_ Landlord Telephone #: \_\_\_\_\_

**Please check "yes" or "no" to all questions below.**

	Y	N
1. I have physically inspected the business premise of the merchant as represented in the DBA section of this application?		
2. Does the physical address of the inspected business premise match the DBA address represented in this application (physical address only, no PO/PMB boxes)? If no, please explain and identify the address represented.		
3. The merchant has posted business license(s) at the inspected business premise either in the name of "Legal or DBA" name represented in this application?		
4. All DBA attachments and the information on this application are correct and true to the best of my knowledge?		
5. The product(s) sold and/or marketing material identified at inspected business premise match the "detailed descriptions of products and services sold" located in this application?		

**Please explain if "No" to any of the above questions and note the number reference (use separate sheet if necessary).**

**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 Representative Signature

Print Name

Representative #

Date

## VISA DISCLOSURE

### Member Bank (Acquirer) Information

**Acquirer Name:** Synovus Bank

**Acquirer Address:** 1125 First Avenue, Columbus, GA 31901

**Acquirer Phone:** 706-649-4900

### Important Member Bank (Acquirer) Responsibilities

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal party to the Merchant Agreement.
3. The Visa Member is responsible for educating Merchants on pertinent Visa Core Rules and Visa Product and Service Rules with which Merchants must comply.
4. The Visa Member is responsible for and must provide settlement funds to the Merchant.
5. The Visa Member is responsible for all funds held in reserves that are derived from settlement.

### Merchant Information

Merchant Name: \_\_\_\_\_

Merchant Address: \_\_\_\_\_

Merchant Phone: \_\_\_\_\_

### Important 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 Core Rules and Visa Product and Service Rules.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

### Merchant Signature

**SIGN HERE**

**Merchant's Signature**

Date

Merchant's Printed Name

Title



**Merchant Beneficial Ownership and Management Information Certification:** The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** CardConnect's privacy policy can be found at [www.cardconnect.com](http://www.cardconnect.com)).

**Section 1: Merchant Application Information (Must match information in Merchant Application):** Date Application Signed (by Authorized Signer named below): \_\_\_\_\_

Merchant Legal Name: \_\_\_\_\_ Merchant Federal Tax ID (as it appears on income tax return): \_\_\_\_\_ Merchant State of formation/Incorporation: \_\_\_\_\_  
Merchant Address: \_\_\_\_\_ Merchant Entity Type \_\_\_\_\_

**Section 2: Beneficial Ownership and Management Information.** Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

<b>Beneficial Owner Legal Name</b>	<b>Title</b>			<b>% of Legal Entity Ownership: _____ %</b>
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
<b>Beneficial Owner Legal Name</b>	<b>Title</b>			<b>% of Legal Entity Ownership: _____ %</b>
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
<b>Beneficial Owner Legal Name</b>	<b>Title</b>			<b>% of Legal Entity Ownership: _____ %</b>
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
<b>Beneficial Owner Legal Name</b>	<b>Title</b>			<b>% of Legal Entity Ownership: _____ %</b>
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong? <input type="checkbox"/> Yes
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:
<input type="checkbox"/> <b>Control Prong (and/or additional Beneficial Owner) Legal Name</b>	<b>Title</b>			<b>% of Legal Entity Ownership: _____ %</b>
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip			Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):			
ID Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:

\* For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance.  
± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Certifications and Signatures:**

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Authorized Signer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Authorized Signer Printed Name \_\_\_\_\_ Processor's Rep. Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Processor's Rep. Printed Name \_\_\_\_\_