

- NEW APPLICATION
- ADDITIONAL LOCATION
- OWNERSHIP CHANGE



FAX TO: 1-215-494-0099

MERCHANT ID#		UNDERWRITER	SCORE
SALES OFFICE NAME		OFFICE PHONE NUMBER	OFFICE CODE

### MERCHANT INFORMATION

D/B/A NAME - OUTLET NAME:		MERCHANT'S LEGAL NAME:	
PHYSICAL STREET ADDRESS (NO P.O. BOX):		LEGAL ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
D/B/A PHONE NUMBER:	D/B/A FAX NUMBER:	D/B/A PHONE NUMBER:	D/B/A FAX NUMBER:
CONTACT:		E-MAIL:	
CUSTOMER SERVICE PHONE#: (REQUIRED FOR MOTO AND INTERNET MERCHANTS ONLY)		WEBSITE ADDRESS: (REQUIRED FOR ANY MERCHANT WITH A WEBSITE)	

### MERCHANT PROFILE

TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROFESSIONAL ASSOC. <input type="checkbox"/> CORPORATION <input type="checkbox"/> TAX EXEMPT ORG. (501C) <input type="checkbox"/> LLC <input type="checkbox"/> OTHER: _____		
TYPE OF GOODS OR SERVICES SOLD:		SIC CODE:
YEAR BUSINESS STARTED:	CURRENT OWNERSHIP:	FEDERAL TAX ID#:
HAS THIS MERCHANT OR ANY PRINCIPAL LISTED BELOW FILED BANKRUPTCY OR BEEN SUBJECT TO ANY INVOLUNTARY BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU CURRENTLY ACCEPT VISA/MASTERCARD/DISCOVER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MONTHLY VOLUME: \$	AVERAGE TICKET AMOUNT: \$	HIGHEST TICKET AMOUNT: \$

### ACCOUNT PROFILE

<b>MARKET TYPE</b> <input type="checkbox"/> RETAIL <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> RESTAURANT <input type="checkbox"/> EMERGING MKT <input type="checkbox"/> MOTO <input type="checkbox"/> PUBLIC SECTOR <input type="checkbox"/> LODGING <input type="checkbox"/> AUTO RENTAL <input type="checkbox"/> E-COMMERCE <input type="checkbox"/> OTHER	CARD SWIPE	%
	MANUALLY KEYPED WITH IMPRINT	%
	MAIL ORDER/ TELEPHONE/ INTERNET	%
	<b>TOTAL = 100%</b>	

### FUTURE SERVICE / DELIVERY

DOES THE MERCHANT ACCEPT TRANSACTIONS BEFORE THE CUSTOMER RECEIVES PRODUCT OR SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO    % OF COST THAT IS PREPAYMENT _____	
DOES THE MERCHANT OFFER WARRANTIES, DUES, SUBSCRIPTIONS, MEMBERSHIPS OR OTHER EXTENDED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO    DURATION OF EXTENDED SERVICE OR BENEFIT _____ (IN WEEKS)	

### BANK INFORMATION (ATTACH PRE-PRINTED VOIDED CHECK OR BANK LETTER)

ACCOUNT 1	ROUTING NUMBER	DDA/ CHECKING ACCOUNT #	DEPOSIT <input type="checkbox"/>	DISCOUNT <input type="checkbox"/>	CHARGEBACK <input type="checkbox"/>	EQUIPMENT <input type="checkbox"/>	SUPPLIES <input type="checkbox"/>	MISC. FEES <input type="checkbox"/>
-----------	----------------	-------------------------	----------------------------------	-----------------------------------	-------------------------------------	------------------------------------	-----------------------------------	-------------------------------------

### MEMBER BANK (ACQUIRER)

**HSBC BANK USA, NATIONAL ASSOCIATION  
MERCHANT SUPPORT GROUP P.O. BOX 3263  
BUFFALO, NEW YORK 14240  
(716) 841-6360**

#### FOR QUESTIONS REGARDING CARD SERVICES, CONTACT:

**ALPHA CARD SERVICES, INC.  
ATTN: CUSTOMER SERVICE  
475 VEIT ROAD  
HUNTINGDON VALLEY, PA 19006  
OR CALL 1-215-494-0200**

**\* NOTE: BILLING DISPUTES MUST BE FORWARDED, IN WRITING, TO CUSTOMER SERVICE WITHIN 60 DAYS OF THE DATE OF THE STATEMENT AND/OR NOTICE**

#### IMPORTANT MEMBER BANK 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 (SIGNER) TO THE MERCHANT AGREEMENT
3. THE VISA MEMBER IS RESPONSIBLE FOR EDUCATING MERCHANTS ON PERTINENT VISA OPERATING REGULATIONS WITH WHICH MERCHANT 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 RESERVE THAT ARE DERIVED FROM SETTLEMENT

#### 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 OPERATING REGULATIONS

\*PLEASE NOTE THE RESPONSIBILITIES LISTED ABOVE DO NOT SUPERSEDE TERMS OF THE MERCHANT AGREEMENT AND ARE PROVIDED TO ENSURE THE MERCHANT UNDERSTANDS THESE SPECIFIC RESPONSIBILITIES

### MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY THE SALES REPRESENTATIVE)

MERCHANT LOCATION: <input type="checkbox"/> RETAIL STORE FRONT <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER:	
SQUARE FOOTAGE: <input type="checkbox"/> 0 - 250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2000 <input type="checkbox"/> 2000+	SURROUNDING AREA: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL
DOES THE AMOUNT OF INVENTORY AND MERCHANDISE ON SHELVES APPEAR TO BE CONSISTENT WITH THE TYPE OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE MERCHANT USE A FULFILLMENT HOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS THE FULFILLMENT HOUSE INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
THE MERCHANT: <input type="checkbox"/> OWNS <input type="checkbox"/> LEASES THE BUSINESS PREMISES	LANDLORD NAME: _____ LANDLORD PHONE NUMBER: _____
FURTHER COMMENTS BY INSPECTOR:	
I HEREBY VERIFY THAT THIS APPLICATION HAS BEEN FULLY COMPLETED BY MERCHANT APPLICANT AND THAT I HAVE PHYSICALLY INSPECTED THE BUSINESS PREMISES OF THE MERCHANT AT THIS ADDRESS AND THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
<b>X</b> _____	_____
AGENT SIGNATURE	AGENT NAME (PLEASE PRINT)      SALES REP ID      DATE

## CREDIT/DEBIT CARD SERVICES AND FEE SCHEDULE \*

VISA & MASTERCARD PLAN TYPE:  2-TIER (MOTO / E-COMMERCE ONLY)  4 - TIER  
 3 - TIER  INTERCHANGE, DUES & ASSESSMENTS + \_\_\_\_\_%

### VISA/ MASTERCARD/ DISCOVER RATE\*

### CARD TYPES REQUESTED

CHECK CARD: \_\_\_\_\_% CREDIT \_\_\_\_\_%

MASTERCARD  VISA  DISCOVER  EBT  
 AMERICAN EXPRESS  JCB  PIN BASED DEBIT

### SURCHARGE

<input type="checkbox"/> RETAIL MID QUALIFIED <u>1.59% + .10 CENTS</u> NON QUALIFIED <u>2.15% + .10 CENTS</u>	<input type="checkbox"/> MO/TO - E-COMMERCE NON QUALIFIED <u>1.69% + .10 CENTS</u>
---	---

\*\*\*The forgoing discount rate, per item and authorization fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type which qualifies Merchant for the most favorable interchange rates available for such payment type. Transactions that do not qualify for the most favorable interchange rates will be subject to surcharges up to the foregoing amounts in addition to the rate quoted. See the Card Services Terms and Conditions for more information regarding non-qualifying surcharges. In addition to the per item fee, all Debit transactions may include fees assessed by the applicable network organization. There are also fees for services of the following: 0.35¢ Batch Settlement Fee, \$10.00 per reprinted monthly statement, \$5.00 per print screen of detailed batch report, \$5.00 per print screen of batch totals, \$5.00 per print screen of funds transfer, \$35.00 per chargeback, \$25.00 per retrieval request, \$10.00 per Designated Account Change, \$1.75 per voice authorization, \$25.00 per ACH reject, \$.20 per declined or non captured card. In the event of cancellations without 30 day advanced notice prior to the end of any initial or renewing term thereafter there will be a cancellation fee assessed with a minimum of \$250.00 or the maximum allowable by law as stated in section 13 of the terms and conditions.

## FEE SCHEDULE

<input type="checkbox"/> CHECK CARD TRANSACTION FEE _____¢ <input type="checkbox"/> CREDIT CARD TRANSACTION FEE _____¢ <input type="checkbox"/> NETWORK ACCESS FEE \$ _____ <input type="checkbox"/> DEBIT NETWORK ACCESS \$ <u>5.00</u> <input type="checkbox"/> EBT NETWORK ACCESS \$ <u>3.00</u> <input type="checkbox"/> WIRELESS SERVICE FEE \$ <u>23.99</u> <input type="checkbox"/> \$50.00 WIRELESS ACTIVATION FEE <input type="checkbox"/> INTERNET GATEWAY \$ _____ <input type="checkbox"/> \$0.00 SETUP FEE ALPHACARD GATEWAY <input type="checkbox"/> \$99.00 SETUP FEE AUTHORIZE.NET	<input type="checkbox"/> ALPHA CARD GIFT CARD \$29.95/MO. <input checked="" type="checkbox"/> <b>MONTHLY MINIMUM</b> \$ <u>25.00</u> <input checked="" type="checkbox"/> <b>DATA BREACH SERVICE PLUS</b> \$ <u>4.95</u> MO. <input checked="" type="checkbox"/> <b>AVS</b> TRANSACTION FEE + 0.05¢ <input checked="" type="checkbox"/> <b>SUPPLY AND WARRANTY</b> \$ <u>9.95</u> <input checked="" type="checkbox"/> <b>ANNUAL MEMBERSHIP FEE</b> \$ <u>79.00</u> TO BE BILLED WITHIN 30 TO 60 DAYS AFTER THE APPROVAL OF MERCHANT ACCOUNT AND EACH AND EVERY FEBRUARY THERE AFTER.	<input type="checkbox"/> PIN BASED DEBIT _____¢ <input type="checkbox"/> INCLUDE NETWORK PASS-THROUGH <input type="checkbox"/> EBT _____¢ FCS# _____ <input type="checkbox"/> <b>WIRELESS/ GATEWAY FEE</b> <u>0.05¢</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> DAILY DISCOUNT  <input type="checkbox"/> MONTHLY DISCOUNT  <b>Approval require</b> </div>
---	---	--

<input type="checkbox"/> <b>IMIS - ONLINE ACCOUNT REPORTING</b> <b>60 DAY FREE TRIAL</b> \$9.95 A MONTH THERE AFTER  PRIMARY EMAIL ADDRESS _____ <small>FOR ADDITIONAL USERS PLEASE INCLUDE USER NAME AND EMAIL ON A SEPARATE FORM</small>	<input checked="" type="checkbox"/> <b>MANUAL IMPRINTER</b> <b>\$18.95.</b>  <input type="checkbox"/> <b>Decline Imprinter: By checking here and initialing below merchant acknowledges to processor that a manual imprint is required for all non-swiped transactions</b>  <div style="text-align: right;"> <span style="background-color: yellow;">MERCHANT INITIALS</span> _____                 </div>
--	--

## AMERICAN EXPRESS

EXISTING AMERICAN EXPRESS MID	<input type="checkbox"/> TRANSACTION FEE _____¢	<input type="checkbox"/> APPLY FOR AMERICAN EXPRESS ACCEPTANCE
-------------------------------	---	--

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the 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 entity along with a Welcome Letter. 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 Terms and Conditions.

<span style="background-color: yellow;">MERCHANT'S SIGNATURE:</span> _____	NAME(PRINTED): _____	TITLE: _____	DATE: _____
--	----------------------	--------------	-------------

**APPLICANT #1:**

**OWNER/OFFICER INFORMATION**

NAME:	TITLE	%ownership	DATE OF BIRTH	SOCIAL SECURITY#	HOME PHONE#
HOME ADDRESS:	CITY	STATE	ZIPCODE	YEARS THERE:	<input type="checkbox"/> OWNS <input type="checkbox"/> RENT
FORMER ADDRESS: (IF LESS THAN 1 YEAR AT CURRENT ADDRESS)	CITY	STATE	ZIPCODE	YEARS THERE:	<input type="checkbox"/> OWNS <input type="checkbox"/> RENT

**APPLICANT #2: (REQUIRED IF APPLICANT 1 HAS LESS THAN 50% OF OWNERSHIP)**

NAME:	TITLE	%ownership	DATE OF BIRTH	SOCIAL SECURITY#	HOME PHONE#
HOME ADDRESS:	CITY	STATE	ZIPCODE	YEARS THERE:	<input type="checkbox"/> OWNS <input type="checkbox"/> RENT
FORMER ADDRESS: (IF LESS THAN 1 YEAR AT CURRENT ADDRESS)	CITY	STATE	ZIPCODE	YEARS THERE:	<input type="checkbox"/> OWNS <input type="checkbox"/> RENT

**CARDHOLDER DATA STORAGE COMPLIANCE**

- Are you going to use a POS terminal, software, or gateway application from Global Payments?  Yes  NO  
(If Yes, go to Question #4 & select "No". If No, go to Question #2.)
- Are you using a "dial-up" terminal?  Yes  NO  
(If yes, go to Question #4 & select "No". If No, go to question #3.)
- a) What third party software company/vendor did you purchase your POS Application from? \_\_\_\_\_  
b) What is the name of the third party software? \_\_\_\_\_ Version #? \_\_\_\_\_  
c) Do your transactions process through any other third parties, web hosting companies or gateways?  Yes  NO  
(Please continue to Question #4)
- a) Do you or your vendor receive, pass, transmit or store the full cardholder number, electronically?  Yes  NO  
b) If yes, where is card data stored?  
b1.) Are you or your vendor PCI/DSS (Payment Card Industry/Data Security Standard) compliant?  Yes  NO  
b2.) What is the name of your Qualified Security Assessor? \_\_\_\_\_  
b3.) Date of compliance: \_\_\_\_\_ Date of last scan: \_\_\_\_\_
- Have you ever experienced an account data compromise?  Yes  NO If yes, when? \_\_\_\_\_

Card Association requirements dictate it is prohibited to store track data in any circumstance. Further, it is recommended that no merchant or a merchant's third party vendor store cardholder data. If you or your vendor store data, you or your vendor are required to be PCI DSS compliant. Failure to adhere to these requirements may result in fines or loss of card acceptance.

**ACCEPTANCE OF MERCHANT APPLICATION AND TERMS & CONDITIONS / MERCHANT AUTHORIZATION**

Your Card Services Agreement is between Global Payments Direct, Inc. ("Global Direct"), the Merchant named above and the Member named below ("Member"). Member is a member of Visa, USA, Inc. ("Visa") and MasterCard International, Inc. ("MasterCard"); Global Direct is a registered independent sales organization of Visa, a member service provider of MasterCard, and a registered acquirer for Discover Financial Services ("Discover").

A copy of the Card Services Terms and Conditions, revision number **REV. 07/08 - ACSI**, has been provided to you. Please sign below to signify that you have received a copy of the Card Services Terms & Conditions and that you agree to all terms and conditions contained therein. If this Merchant Application is accepted for card services, Merchant agrees to comply with the Merchant Application and the Card Services Terms & Conditions as may be modified or amended in the future. If you disagree with any Card Services Terms & Conditions, do not accept service

IF MERCHANT SUBMITS A TRANSACTION TO GLOBAL DIRECT HEREUNDER, MERCHANT WILL BE DEEMED TO HAVE ACCEPTED THE CARD SERVICES TERMS & CONDITIONS.

By your signature below on behalf of Merchant, you certify that all information provided in this Merchant Application is true and accurate and you authorize Global Direct, and Global Direct on Member's behalf, to initiate debit entries to Merchant's checking account(s) in accordance with the Card Services Terms and Conditions. In addition by your signature below on behalf of Merchant you authorize Global Direct and/or Alpha Card Services, Inc to order a consumer credit report on Merchant and you.

<b>MERCHANT'S SIGNATURE:</b> X _____	NAME(PRINTED): _____	TITLE: _____	DATE: _____
SIGNING FOR GLOBAL PAYMENTS DIRECT, INC.: X _____	NAME(PRINTED): _____	TITLE: _____	DATE: _____
SIGNING FOR MEMBER: X _____	NAME(PRINTED): _____	NAME OF MEMBER(PRINTED) HSBC BANK USA, NA	DATE: _____

**PERSONAL GUARANTY**

I/We hereby guarantee to Global Direct and Member, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services Agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Card Services Agreement made by or agreed to by Global Direct, Member and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by Merchant, and all other notices or demands regarding the Card Services Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships, and employment information. I/We have read, understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application.

<b>MERCHANT'S SIGNATURE:</b> X _____, AN INDIVIDUAL	<b>MERCHANT'S SIGNATURE:</b> X _____, AN INDIVIDUAL
NAME(PRINTED): _____	NAME(PRINTED): _____

**ALPHA CARD GIFT CARD PROGRAM**

**YES, PLEASE ENROLL ME IN THE ALPHA CARD SERVICES' GIFT CARD PROGRAM, AND SEND ME MY 25 FREE GIFT CARDS**

BY CHOOSING THIS OPTION, I UNDERSTAND THAT I WILL BE ENROLLED IN A 60 DAY TRIAL GIFT CARD PROGRAM AND WILL RECEIVE 25 FREE GIFT CARDS (CUSTOMIZED WITH THE BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER), 25 GIFT CARD SLEEVES WITH ENVELOPES, 2 WINDOW DECALS AND AN ACRYLIC STAND WITH INSERT AND GIFT CARD POCKET. DURING THIS 60 DAY TRIAL, MERCHANT WILL PAY NO MONTHLY FEES OR COST FOR THE 25 FREE GIFT CARD PACKAGE OR THE SERVICE. AFTER THE 60 DAY TRIAL, MERCHANT WILL BE ASSESSED A MONTHLY GIFT CARD SERVICE FEE OF \$29.95 WITH A ZERO PER ITEM FEE FOR ANY GIFT CARD TRANSACTION, INQUIRY ATTEMPT, ACTIVATION OR DECLINE. ANY ADDITIONAL CARDS ORDERED WILL BE CHARGED A FEE ACCORDING TO CARD TYPE ORDERED, PLEASE REFER TO THE GIFT CARD TERMS AND CONDITIONS FOR ADDITIONAL INFORMATION. MERCHANT MUST NOTIFY ALPHA CARD SERVICES, INC. IN WRITING TO CANCEL THIS PROGRAM BEFORE THE TRIAL PERIOD EXPIRES. OFFER IS VOID IF MERCHANTS TERMINAL IS NOT COMPATIBLE WITH THIS SERVICE.

**ALPHA CHECK SERVICES** \*SEE TERMS AND CONDITIONS FOR DETAILS

**CHECK READER PLACEMENT (PLEASE INCLUDE A CHECK READER PLACEMENT AGREEMENT)**

**CHECK CONVERSION PLUS (MAXIMUM APPROVAL LIMIT OF \$1000.00)**

NON-IMAGING  WITH IMAGING

MERCHANT INITIALS \_\_\_\_\_

**STANDARD FEES**

DISCOUNT RATE \_\_\_\_\_  
 TRANSACTION FEE \_\_\_\_\_  
 SUBSCRIPTION FEE \$10.00 / MONTH  
 MONTHLY MINIMUM FEE \$30.00 / MONTH  
 RETURNED ITEM FEE: \$3.00 / ITEM  
 CHARGEBACK FEE \$25.00 / ITEM  
 CANCELLATION FEE \$199.00  
 CREDIT REPORT FEE \$25.00

**ENHANCEMENT PACKAGE**

BUSINESS CHECKS: \$5.00/MONTH  
 STOP PAYMENT CHECKS: \$5.00/MONTH  
 Business Office Conversion Plus \$20.00/MONTH

CURRENT CHECK SERVICE PROVIDER \_\_\_\_\_

CURRENT RATE	CURRENT MONTHLY CHECK SALES: \$ _____	TOTAL MONTHLY CHECK LOSSES: \$ _____	AVERAGE CHECK SALE \$ _____	AVERAGE RETURNED CHECK: \$ _____
--------------	---------------------------------------	--------------------------------------	-----------------------------	----------------------------------

BY SIGNING HERE, I AGREE TO THE ABOVE AND EXPRESS CONSENT TO ALL TERMS AND CONDITIONS ON THE ALPHA CHECK SERVICES T&C PAGES AND CONFIRMS YOUR OFFER TO ENTER INTO AN AGREEMENT. Authorization is hereby given by Consumer/Principal, individually and as Consumer/Principal on behalf of YOUR STORE(s) to obtain a credit report of both the Consumer/Principal and YOUR STORE(s)' credit history through credit reporting agencies selected by Check Center or Check Center's agents.

YOUR STORE(s) agrees to permit Check Center or Check Center's agents to debit YOUR STORE(s)' designated bank account for check guarantee services according to the terms of the Agreement between YOUR STORE(s) and Check Center. YOUR STORE(s)' payment will be delinquent if not successfully debited on the first attempt. It is understood that all payments due under this Agreement may be debited from YOUR STORE(s)' bank account. BY SIGNING THIS AGREEMENT, YOUR STORE(s) HEREBY AUTHORIZES CHECK CENTER TO AUTOMATICALLY DEBIT THE BANK ACCOUNT LISTED WITHIN FOR ALL PAYMENTS DUE UNDER THIS AGREEMENT. (MUST ALSO ATTACH ORIGINAL VOIDED CHECK WHERE INDICATED).

In consideration for entering into this Agreement, Consumer/Principal of YOUR STORE(s) hereby absolutely and unconditionally personally guarantees the full and prompt payment of any and all amounts owed as contemplated by this Agreement. Consumer/Principal of YOUR STORE(s) understands and expressly consents that this guaranty is continuing, binding upon heirs and successors and may not be changed except in writing signed by an authorized representative and accepted by an officer of Check Center. Consumer/Principal agrees to all terms and conditions herein and attached recitals.

MERCHANT'S SIGNATURE: \_\_\_\_\_ NAME(PRINTED): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

X

**TERMINAL SETUP INSTRUCTIONS**

TERMINAL TYPE	PIN PAD TYPE	PRINTER (IF SEPERATE)	SUPPLIER
			<input type="checkbox"/> OTHER <input type="checkbox"/> ALPHA CARD SERVICES
			<input type="checkbox"/> OTHER <input type="checkbox"/> ALPHA CARD SERVICES
			<input type="checkbox"/> OTHER <input type="checkbox"/> ALPHA CARD SERVICES

**TERMINAL SOFTWARE**

RETAIL  RESTAURANT  MO/TO  LODGING  QSR  SUPERMARKET

**TERMINAL FEATURES: (Check all that apply)**

<input type="checkbox"/> DEBIT <input type="checkbox"/> CASH BACK MAX \$ _____ <input type="checkbox"/> EBT FOOD STAMPS <input type="checkbox"/> EBT CASH BENEFITS <input type="checkbox"/> TIP LINE <input type="checkbox"/> SERVER #'S	<input type="checkbox"/> AUTO BATCH TIME _____ <input type="checkbox"/> INVOICE#'S <input type="checkbox"/> LEVEL 2 PROMPTS <input type="checkbox"/> IP PROCESSING <input type="checkbox"/> WIRELESS PROCESSING <input type="checkbox"/> PBX# _____	<b>GIFT CARD</b> <input type="checkbox"/> NON-ACS GIFT CARD SERVICE <input type="checkbox"/> ACS GIFT CARD PLUS <input type="checkbox"/> ACS GIFT CARD PROGRAM	<b>CHECK SERVICES</b> <input type="checkbox"/> NON-ACS CHECK SERVICES <input type="checkbox"/> ACS VERIFICATION <input type="checkbox"/> ACS IMAGING CONVERSION <input type="checkbox"/> ACS CHECK GUARANTEE <input type="checkbox"/> ACS NON-IMAGING CONVERSION (READER/IMAGER TYPE) _____
---	--	---	---

**INITIAL SETUP FEES**

NON REFUNDABLE APP. FEE \_\_\_\_\_  
 REPROGRAMMING FEE \_\_\_\_\_ SUBTOTAL \_\_\_\_\_  
 FIRST & LAST PAYMENT \_\_\_\_\_ TAX ( )%  
 EQUIPMENT PURCHASE \_\_\_\_\_ TOTAL \_\_\_\_\_  
 OTHER SETUP FEE \_\_\_\_\_

**EQUIPMENT PAYMENT**

CREDIT CARD  COD/CHECK  LEASE SPLIT-FUND  ACH

**SHIPPING INFORMATION**

(IF EQUIPMENT IS COMING FROM ALPHA CARD SERVICES YOU MUST FILL THIS OUT)  
 SHIP TO:  MERCHANT  SALES REP  OTHER  
 TYPE  NEXT DAY MORNING  NEXT DAY STANDARD  2 DAY  3 DAY SELECT  GROUND

**DOWNLOADING INFORMATION**

Tech please contact merchant to reprogram terminal  
 Fax downloading instructions to: \_\_\_\_\_  
 E-Mail downloading instructions to: \_\_\_\_\_

SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_