

Please read this entire document. Complete every section that applies to you based on the instructions provided. This application must be signed and dated.

Merchant Documentation Required

• **For all merchants processing \$50,000 or less monthly**

- Signed and completed merchant application form with personal guarantee
- Void check showing legal name and company address/letter from financial institution confirming bank details, or deposit slip and starter check
- Completed MOTO/Internet Questionnaire
- If applying for e-commerce, website must be fully functional and must contain, at a minimum: Secure Payment Page, Return/Refund Policy, Terms and Conditions, Privacy Policy, Shipping Policy, Currency of Transaction, Contact Information and a complete description of goods/services sold. You must also include a non-expiring user name and password.
- 501(c) for non-profit organizations, if not available online
- If MOTO, copies of any brochures, ads, or catalogs, as applicable, and a complete description of your business model, including but not limited to target market, advertising, description of goods and services being sold, return policy, and a description of how orders are placed, processed, and fulfilled

• **For merchants processing over \$50,000 a month, the following additional information is required:**

- Three consecutive months' processing statements dated within the last 90 days
- Most recent financials or corporate tax returns
- Two (2) years of personal financial statements and tax returns for all principals (only for sole proprietorship or partnership)

PLEASE NOTE:

- Each item listed above is required before your application can be accepted.
- Once the application has been completed and signed and the required documentation gathered, please email or fax the complete package to:
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NOTES/EXCEPTIONS: This section is reserved for Sales Representative use only.

BANK DISCLOSURE

Member Bank Information: Merrick Bank, 135 Crossways Park Drive North, Woodbury, NY 11797 · (800) 267-2256

Important Bank Responsibilities:

1. Merrick Bank is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. Merrick Bank is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply.
3. Merrick Bank is responsible for all funds held in reserve that are derived from settlement.
4. Merrick Bank is responsible for and must provide settlement funds to the Merchant.
5. Merrick Bank must be a principal (signer) to the Merchant Agreement

Merchant Information: Refer to Merchant Application

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Review and understand the terms of the Merchant Agreement.
3. Maintain fraud and chargebacks below thresholds.
4. Comply with Visa Operating Regulations.

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 - Merrick Bank - is the ultimate authority should the Merchant have any problems.

Merchant's Signature: _____ Date: _____

BUSINESS INFORMATION

Merchant Name (DBA or Trade Name) _____		Corporate Legal Name (If different) _____	
Location Address _____		Corporate Address (If different) _____	
City _____	State _____	Country _____	Zip _____
Contact Name _____		Contact Email _____	
Contact Telephone # _____	Contact Fax # _____	Customer Service # _____	
Technical Contact Telephone # _____		Technical Contact Email Address _____	
Federal Tax # _____	Information to Appear on Cardholder's Statement (Max. 25 characters, including phone number and spaces) Business Name _____ Phone # _____		Company Web Site _____ (If applicable)
Monthly Payment Card Volume \$ _____	Average Ticket Amount \$ _____	Highest Ticket Amount \$ _____	Does This Location Currently Take Payment Cards? <input type="checkbox"/> No <input type="checkbox"/> Yes Will You Be Keeping Your Account? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for Leaving Current Processor? _____
Do You Need the Ability to Process Recurring Transactions? <input type="checkbox"/> No <input type="checkbox"/> Yes		Fully Describe the Product or Service Being Offered. _____ _____	
Years in Business _____		Years Processing (If different) _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit (Must provide 501-C, or other proof) <input type="checkbox"/> LLC State: _____			
Principals (Must equal at least 51% of ownership)			
First Name _____ Middle _____ Last Name _____		% Ownership _____ SSN _____	
Driver's License _____ Title _____		Date of Birth (dd/mm/yy) _____	
Home Address _____		City _____ State _____ Country _____ Zip _____	
Home Phone _____		Cell Phone _____ Email Address _____	
First Name _____ Middle _____ Last Name _____		% Ownership _____ SSN _____	
Driver's License _____ Title _____		Date of Birth (dd/mm/yy) _____	
Home Address _____		City _____ State _____ Country _____ Zip _____	
Home Phone _____		Cell Phone _____ Email Address _____	
Have Merchant or Owners/Principals Ever Had a Processing Agreement Terminated by a Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason for Termination _____			
Have Merchant or Owners/Principals Ever Filed For <input type="checkbox"/> Business Bankruptcy <input type="checkbox"/> Personal Bankruptcy If Yes, Indicate Year _____			
Depository Bank Account Information Attach voided check for the account listed Name must match legal or DBA name listed on check. By providing the following reference information, you are authorizing Bank to initiate ACH debit and credit transactions to said account.		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing # _____ Account # _____	
Key Supplier References (List two contacts below) Trade _____ Name _____ Contact # _____ Trade _____ Name _____ Contact # _____		Other Cards Accepted (Indicate account number for existing accounts below) American Express _____ <input type="checkbox"/> Apply Other _____	
		Method of Card Acceptance (Total must equal 100%) Credit Card Swiped _____% MOTO _____% Internet _____% If MOTO or Internet, will you be using a non-NBX gateway? If so, please name: _____	
Complete section below if you will be using a POS processing terminal or a payment application software			
Equipment Status (Select one) P Purchase L Lease C Customer Owned	Qty	Equipment Type Terminal, PIN Pad, Software, etc.	Merchant Type (Select one) Re Restaurant L Lodging S Supermarket C Car Rental R Retail
P C L			Model Code and Name or Payment Application Name Unit Price w/o Tax
			Payment Application Version Number
Dial Access Code <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> None <input type="checkbox"/> Other (Specify _____)		Processor/Network <input type="checkbox"/> TSYS/Vital <input type="checkbox"/> CardSystems <input type="checkbox"/> Global <input type="checkbox"/> Other (Specify _____)	
Training <input type="checkbox"/> NBX <input type="checkbox"/> Sales Rep Best Time to Call _____ a.m./p.m ET		Additional Comments (Please provide details if you are using an integrated POS system, including the version of the payment application in use.)	
Site Inspection Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Rents Building Type <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence Estimate Square Footage <input type="checkbox"/> 0-500 <input type="checkbox"/> 501-2500 <input type="checkbox"/> 2501-5000 <input type="checkbox"/> 5001+		Based upon your review, does the Merchant have the appropriate facilities, equipment, inventory, personnel and license or permit to operate their business? <input type="checkbox"/> No <input type="checkbox"/> Yes Inspector Comments _____	
By signing here, inspector is certifying he/she has visited the location and information provided is true and correct to the best of his/her knowledge:			
Inspector Name _____		Inspection Date _____ Signature _____	

SCHEDULE A – PRICING

Blended Discount Rates	Ecommerce/ MOTO	Retail	Per Transaction Fees	Ecommerce/ MOTO	Retail
Qualified ¹	%	%	Visa/MC/Discover (These fees are for all submitted authorizations)	\$	\$
Mid-Qualified ²	%	%	Visa/MC/Discover MID-Qualified ³	\$	\$
Non-Qualified ⁴	%	%	Visa/MC/Discover Non-Qualified ⁵	\$	\$
Bundled Rate ⁶	%	%	Amex	\$	\$
Offline/Debit Card	NA	%	Debit/AMT (PIN Based)	NA	\$
			EBT	NA	\$
			3D Secure	\$	NA
Set-up Fees	Ecommerce/ MOTO	Retail	Other Fees (If applicable)	Ecommerce/ MOTO	Retail
Application (Non-refundable)	\$	\$	Per Chargeback	\$	\$
Recurring Billing Setup	\$	NA	Per Chargeback Reversal	\$	\$
Mobile POS Comm. Service Setup	NA	\$	Per Retrieval Request	\$	\$
Amex Application Handling	\$	\$	Per Authorization	NA	\$
			Per Voice Authorization	NA	\$
Monthly Fees	Ecommerce/ MOTO	Retail	Per ACH	\$	NA
Account Maintenance	\$	\$	Per failed ACH	\$	NA
Online Reporting	\$	\$	Per Transaction Address Verification Service	\$	\$
Minimum Processing	\$	\$	Per Secure Gateway Transaction	\$	NA
Secure Gateway	\$	\$	Per Mobile Terminal Transaction	NA	\$
Recurring Billing	\$	NA	Per Transaction Batch	NA	\$
Statement	NA	\$	Annual Membership	\$	\$
Mobile Terminal Service	NA	\$	Annual Equipment Warranty	NA	\$
Optimal Merchant Club	NA	\$	Other, Specify:	\$	\$
Discount Fee for Monthly Charges	NA	%	Special Terms:		

SCHEDULE B – CARD, SERVICE AND EQUIPMENT/SOFTWARE

As of the date of this Agreement, Merchant has requested and Bank has approved Merchant's use of the following services:

- Authorization services for Visa, MasterCard, Discover, American Express, Diners Club, and JCB
- Transaction processing services for Visa, MasterCard, and Discover
- Cardholder Address Verification

Merchant hereby authorizes NBX Merchant Services Corp. to apply for American Express merchant accounts on their behalf. Merchant shall be subject to the respective terms and conditions (including but not limited to fees and charges) of the American Express agreements related to the processing of those card brands. The services provided by the Authorization Center will be available to Merchant 24 hours a day, 7 days a week. Every effort will be made to keep the system operational except for normal maintenance, which will occur during normally off-peak hours.

SCHEDULE C – RESERVES, SECURITY DEPOSIT, AND TRANSACTION SETTLEMENT

RESERVES

Following the seventh (7th) month of operation (and every month thereafter) the reserves generated from the first (1st) month of operation (and every month thereafter) will be forwarded to the Merchant.

Unless otherwise required by Bank, the amount of the Reserve Account shall be _____% of the total of all approved and settled Transactions, over the previous six (6) month period, unless increased in accordance with Section 3.05 and this Schedule. In the event of termination, all reserves shall be held until the beginning of the 7th month, rather than repaid each month.

The amount of the Reserve Account shall be amended if the percentage of Chargebacks exceeds 1% of overall processing volume.

TRANSACTION SETTLEMENT

Transactions will be settled _____ (e.g., X times per week) and _____ days (business or calendar - check one) in arrears.

¹Value represents the qualified rate applied to all transactions

²Value is applied above true interchange, assessments and bank costs for Mid-Qualified transactions, unless indicated by checking this box, in which case it is charged in addition to the "Qualified Rate" for any Mid-Qualified transactions

³Charged in addition to the "Per Visa/MC/Discover Transaction Fee" for any Mid-Qualified transactions

⁴Value is applied above true interchange, assessments and bank costs for Non-Qualified transactions, unless indicated by checking this box, in which case it is charged in addition to the "Qualified Rate" for any Non-Qualified transactions

⁵Charged in addition to the "Per Visa/MC/Discover Transaction Fee" for any Non-Qualified transactions

⁶Value represents discount rate to be charged on all transactions, regardless of qualification level

MOTO/INTERNET QUESTIONNAIRE

1. Will you accept payment for products/services on your Web site? Yes No I do not have a Web site.
If No, go to 2. Otherwise, provide the name of your SSL provider (e.g., Verisign, Thawte, Entrust, Other – specify) _____
2. What % of your products/services will be sold/delivered in the following markets (total must equal 100%)?
North America _____% Europe _____% Other Markets _____%
3. What percentage do you sell to Business _____% Consumers _____%
4. Briefly outline your return policy. Greater than 30 Days Less than 30 Days No Returns Other (Please Specify) _____
If No Returns, why are refunds not provided? _____ (If no refunds, go to 9)
5. What percentage of refunds (to your total monthly sales) is usual? _____%. How many days does a refund usually take? _____ days
- 6 Do you refund 100% of the purchase price? Yes No If No, please provide further details. _____
7. Describe in detail products/services sold, including pricing. Use separate sheet if necessary. _____
8. When do you charge the customer? Shipment/Completion of Service Order
9. In the case where a product is shipped, is the shipment traceable? Yes No Is a delivery receipt requested? Yes No
10. Please state the normal "turnaround time" from when you receive the order to the customer receiving the goods/services. _____ days.
11. Do you take advance deposits (a percentage of the full value or a fixed part-payment paid in advance)? Yes No
If Yes, what % of the final price is paid as a deposit? _____% What fixed deposit is taken? \$ _____
12. Where is your product warehoused? Address _____ City _____ State/Zip _____
13. Do you own the product/inventory at the time of sale? Yes No
14. Are there any other companies involved in accepting, shipping, or fulfilling the service or product or the billing of the customer?
 Yes No If Yes, who are they and what do they do? Use separate sheet if necessary. _____
15. How do you advertise? (Catalogs, magazines, TV, Internet, etc. List all that apply. _____
16. Who enters credit card information into the processing system? Consumer Fulfillment Center Merchant Other _____
17. Is your processing seasonal (mild fluctuations can be answered as "No")? Yes No If Yes, please check the busiest months.
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
18. Do you take payments for memberships, subscriptions, or packages? Yes No If Yes, please provide the usual breakdown of transactions (by % of total sales) and their respective price points.

Membership/Subscription Period	Package (e.g., 10 credits or 5 passes)	Price Point	Percentage of Sales
Weekly <input type="checkbox"/>			
Monthly <input type="checkbox"/>			
Quarterly <input type="checkbox"/>			
Six-Monthly <input type="checkbox"/>			
Annually <input type="checkbox"/>			
Other <input type="checkbox"/>			

19. If packages or memberships are sold, what is the average amount of time it takes a customer to use up their package? _____
20. If memberships or subscriptions are sold, how do you manage the recurring payments? NBX's RB Module Other _____
21. Do you capture the Consumer Billing Address (AVS) on any of your transactions? Yes No
22. If Yes, in the case where there is no AVS match, would you like us to decline the transaction or send you the response so that you can make the appropriate decision? Decline Send Response
23. Do you capture the Card Validation Value (CVV) from the back of the card on any of your transactions? Yes No
24. If Yes, in the case where there is no CVV match, would you like us to decline the transaction or send you the response so that you can make the appropriate decision? Decline Send Response
25. Do you perform VBV/MCSC (Verify by Visa/MasterCard Secure Code) with any of your transactions? Yes No
26. If No, are you interested in implementing this fraud mitigation tool through NBX? Yes No