



Cynergy Data
 109-15 14th Ave.
 College Point NY, 11356
 Tel: 800-933-0064
 Fax: 718-463-6095

Merchant Processing Agreement
ADDITIONAL LOCATION FORM

Merchant # _____

Office #: _____

**** Original Signer Must Sign For All Additional Locations ****
 ** Merchant Account Entry Form must be included **

Business Information

Business Legal Name: _____

Business dba Name: _____

Mailing / Business Address: _____

City, State, Zip Code: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Location Address: _____

City, State, Zip Code: _____

Contact Name: _____

Phone: _____ Fax #: _____

Corporate Merchant ID #: _____

Electronic Debit/Credit Authorization

Merchant hereby authorizes Bank, in accordance with the Merchant Processing Agreement to initiate debit/credit entries to Merchant's deposit account, as indicated below this account will be deemed the "Designated Account" for all purposes under the Merchant Processing Agreement. This authority is to remain in full force and effect until (a) Bank has received written notification from Merchant of its termination, in such a manner as to afford Bank reasonable opportunity to act on it and (b) all obligations of Merchant to Bank that have arisen under this Agreement have been paid in full.

Checking Account Only – A Voided Check From This Account Must Be Attached

Bank Name and Phone #: _____

Address, City, State, Zip Code: _____

Transit #: _____ DDA #: _____

I (print name) _____ hereby authorize Cynergy Data to add this additional location to my current credit card processing account. I understand that, all terms and conditions set forth in my original application, and in the original Merchant Processing Agreement, including but not limited to the Personal Guarantee, apply to this additional location.

Signature: _____ Title: _____ Name: _____ Date: _____

Signature: _____ Title: _____ Name: _____ Date: _____