

Direct Processing Inc

827 W. Covina Blvd # B, Covina, Ca 91722
877-31 SET UP

Merchant Processing Application

Auth Network Vital , Paymentech Settlement bank: Harris Bank
Settle Network: TSYS Lead Source: _____

Office Name:	Office Phone:	Application ID:
Application Date:	Contractor Name:	Association:

GENERAL INFORMATION

Ownership Type: Corp Partner Assoc/Est/Trust Sole Prop Govt Internatl Corp, LLC Med/Legal Non-Prof/Tax Exempt(fed form 501C)

	In Business: _____ Yrs _____ Mos	Owned: _____ Yrs _____ Mos
Legal Business Name:	Business Name (DBA):	
Mailing/Billing Address:	Location Address:	
City: _____ State: _____ Zip: _____	City: _____ State: _____	Zip: _____
Corp. Phone: _____ Corp. Fax: _____	Loc. Phone: _____	Loc. Fax: _____
Contact Name: _____ Email: _____	Customer Service Phone (if MOTO/Internet):	
Web Address:	Federal Tax ID:	D & B:
Location: # _____ of # _____	Current Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current MID:

General Comments:

OWNER / OFFICER 1: _____ %	OWNER / OFFICER 2: _____ %	TRADE REFERENCE
Name:	Name:	Name:
Title:	Title:	Title:
Address:	Address:	Address:
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____	Zip: _____ Phone: _____
SSN:	SSN:	Account #:
Email:	Email:	Email:
DOB:	DOB:	

UNDERWRITING PROFILE

Type of Bus:	<input type="checkbox"/> Internet <input type="checkbox"/> MOTO <input type="checkbox"/> Retail	METHOD OF SALES		% OF PRODUCTS SOLD	
	<input type="checkbox"/> Restaurant	Card Present-swiped: _____ %	Discount Paid:	<input type="checkbox"/> Monthly <input type="checkbox"/> Daily	
Monthly Vol: \$	Card Present-keyed: _____ %	Direct To Consumer: _____ %			
Average Ticket: \$	Card Not Pres-keyed: _____ %	Direct To Business: _____ %			
Highest Ticket: \$	Card Not Pres-internet: _____ %	Direct to Government: _____ %			
	TOTAL: must Equal 100% _____ %	TOTAL: must Equal 100% _____ %			

Describe Specific Type of Product/Service Sold: _____

of days until product delivery: _____ Describe your return policy: _____

Seasonal Merchant: Yes No Current Processor: _____

Seasonal High Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

EARLY TERMINATION: If Company cancels this Agreement during the term or any agreed upon extension term, applicable early termination fees shall be due Sage. See Article V Section 5.01 of the attached terms and conditions for additional details.

SCHEDULE OF FEES PART I

Accept?	Card Type	Rate 1	Per Item	Qualification Exceptions (If Applicable) Rate 1 Plus
<input checked="" type="checkbox"/> Yes	Visa/MasterCard Credit	%		Rate 2 = _____ %, Rate 3 = _____ %, Business = _____ %, Int'l = _____ %

SCHEDULE OF FEES PART II

Up-Front Fees		Authorization Fees		Monthly Fees		Annual Fees	
Application Fee:	\$	American Express:	\$	Minimum:	\$	Annual Fee:	\$
Mobile Setup Fee:	\$	Carte Blanche:	\$	Statement:	\$		
Expedite Fee:	\$	Diners Club:	\$	Support:	\$	Miscellaneous Fees	
Equipment:	\$	Discover:	\$	Gateway Access:	\$		
Tele-Training virtual:	\$	JCB:	\$	EBT Access:	\$	Signature Plan:	
Tele-Training physical:	\$	Pin-Debit:	\$	Debit Access:	\$		
Reprogramming Fee:	\$	EBT:	\$	Mobile Access:	\$		
Lease/Rental Deposit:	\$	Mobile (additional):	\$	Online Reporting:	COMPLIMENTARY		
Tax:	\$	Voice Authorization:	\$				
TOTAL:	\$	ARU Authorization:	\$				

How do you want to handle Up-Front Fees?

ACH – Merchant Drafted by Sag
 Merch Check
 ISO Check
 Name on check: _____
 Check #: _____
 Check Date: _____

TERMINAL HARDWARE / SOFTWARE

TERMINAL/SOFTWARE TYPE (1)	QTY	TERMINAL APPLICATION	TERMINAL PROGRAM	PROVIDER-if not Merch
			VISANET: <input type="checkbox"/> Term PAYMENTECH: <input type="checkbox"/> Term <input type="checkbox"/> Host	<input type="checkbox"/> SAG <input type="checkbox"/> ISO
<input type="checkbox"/> Retail <input type="checkbox"/> Supermarket <input type="checkbox"/> Hotel <input type="checkbox"/> Add. Verification (AVS)			<input type="checkbox"/> AMEX PIP (Visanet/Paymentech w/ AMEX software)-addl paperwork reqd	
<input type="checkbox"/> Restaurant <input type="checkbox"/> Server <input type="checkbox"/> Tips <input type="checkbox"/> Invoice #			<input type="checkbox"/> CVV <input type="checkbox"/> Split Dial (Visanet Only)	
<input type="checkbox"/> Autoclose <input type="checkbox"/> MOTO [card not present] <input type="checkbox"/> Purchasing Card			<input type="checkbox"/> NXT (Paymentech Only) - additional paperwork reqd	

PRINTER (1)	QTY	PROVIDER-if not Merch	PINPAD (1)	QTY	PROVIDER-if not Merch
		<input type="checkbox"/> SAGE <input type="checkbox"/> ISO			<input type="checkbox"/> SAGE <input type="checkbox"/> ISO

TERMINAL/SOFTWARE TYPE (2)	QTY	TERMINAL APPLICATION	TERMINAL PROGRAM	PROVIDER-if not Merch
			VISANET: <input type="checkbox"/> Term PAYMENTECH: <input type="checkbox"/> Term <input type="checkbox"/> Host	<input type="checkbox"/> SAGE <input type="checkbox"/> ISO
<input type="checkbox"/> Retail <input type="checkbox"/> Supermarket <input type="checkbox"/> Hotel <input type="checkbox"/> Add. Verification (AVS)			<input type="checkbox"/> AMEX PIP (Visanet/Paymentech w/ AMEX software)-addl paperwork reqd	
<input type="checkbox"/> Restaurant <input type="checkbox"/> Server <input type="checkbox"/> Tips <input type="checkbox"/> Invoice #			<input type="checkbox"/> CVV <input type="checkbox"/> Split Dial (Visanet Only)	
<input type="checkbox"/> Autoclose <input type="checkbox"/> MOTO [card not present] <input type="checkbox"/> Purchasing Card			<input type="checkbox"/> NXT (Paymentech Only) - additional paperwork reqd	

PRINTER (2)	QTY	PROVIDER-if not Merch	PINPAD (2)	QTY	PROVIDER-if not Merch
		<input type="checkbox"/> SAGE <input type="checkbox"/> ISO			<input type="checkbox"/> SAGE <input type="checkbox"/> ISO

AUTHORIZATION TO ACH (Must include Voided Business Check)

Bank Name: _____
 Phone #: _____
 City: _____
 State: _____
 Zip: _____

Transit # (ABA Routing – 9 digit): _____
 Account #: _____

OTHER ENTITLEMENTS

Amex: <input type="checkbox"/> New <input type="checkbox"/> Existing Acct #: _____	JCB: <input type="checkbox"/> Existing Acct #: _____
Discover: <input type="checkbox"/> New <input type="checkbox"/> Existing Acct #: _____	EBT FSC: <input type="checkbox"/> Existing Acct #: _____
Diners Club: <input type="checkbox"/> Existing Acct #: _____	Carte Blanche: <input type="checkbox"/> Existing Acct #: _____

MISCELLANEOUS

Leasing Company: <input type="checkbox"/> Ladco	Training Virtual Prods: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reprogram: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lease/Rental Type: <input type="checkbox"/> Lease <input type="checkbox"/> Rental	Training Physical Prods: <input type="checkbox"/> Yes <input type="checkbox"/> No	Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lease/Rental Term: _____ month(s)	Expedite Bankcard App: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Lease/Rental Amt: \$ _____		

CERTIFICATION AND AGREEMENT

By signing below, the Merchant named: (1) certifies to Sage Payment Solutions that he/she is authorized to sign this Agreement; (2) certifies that all information and documents submitted in connection with this Application are true and complete; (3) authorizes Bank or its agent to verify any of the information given, including credit references, and to obtain credit reports (including a spouse if in a community property state); (4) has read, agreed to, and acknowledges receipt of the terms and conditions of the Merchant Processing Agreement, attached hereto and incorporated herein by reference. The terms and conditions and this Application constitute the entire integrated Merchant Processing Agreement by and between Merchant, Sage Payment Solutions and Bank; (5) agrees that Merchant and each transaction submitted to Bank will be bound by the Agreement in its entirety; and (6) agrees that Merchant will submit transactions to Bank only in accordance with the information in this Application and will immediately inform Sage Payment Solutions, in writing at the address above if any information in this Application changes. The Agreement will become effective only when signed by Bank and Sage Payment Solutions. Merchant further acknowledges that, as used in this paragraph, "Bank" means the banking institution indicated by appropriate mark in one of the check boxes located at the top of the first page of this document.

By signing below, I represent that the information I have provided on the Application is complete and accurate and I authorize American Express Travel Related Services Company, Inc (American Express) to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business 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 business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions.

In WITNESS WHEREOF, the parties hereto have executed this Agreement as of this day _____

Merchant: By: X _____ By: X _____
Merchant Principal or Corporate Officer *Merchant Principal or Corporate Officer*

Print Name *Print Name*

Accepted by Bank: By: _____ Accepted by Sage Payment Solutions: By: _____

PERSONAL GUARANTY

In consideration of Bank and Sage Payment Solutions' acceptance of the Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank and Sage Payment Solutions under the Agreement, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify Bank and Sage Payment Solutions for all funds due from Merchant pursuant to the terms of the Agreement. This is a guaranty of payment and performance and not of collection, and in no case will Sage Payment Solutions be required to attempt collection from Company or pursue any other remedy or action before collection from Guarantor. Guarantor waives any and all rights of subrogation, reimbursement or indemnity derived from Merchant and all other rights and defenses available to Guarantor under applicable law, including California Civil Code Sections 2787 to 2856, inclusive (or any similar suretyship laws), and further waives any and all rights, defenses or notices arising by reason of any modification or change in the terms of the Agreement whatsoever, including, without limitation, the renewal, extension, acceleration, or other change in the time any payment or other performance thereunder is due, and / or any change in any interest or discount rate or fee thereunder. Guarantor confirms that Guarantor, collectively or individually, is an officer or shareholder to the Merchant and party to the Agreement, and unconditionally and specifically authorizes Bank, or its authorized agent, to debit any overdue fees, costs, chargebacks, fines, penalties, expenses or obligations under the Agreement and / or any contractual relationship with Bank or Sage Payment Solutions from any personal checking account or other account owned or controlled by Guarantor, and further to report any default hereunder on Guarantor's personal Credit Bureau Report. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank or Sage Payment Solutions in connection with the enforcement of this Guaranty. Guarantor further acknowledges that, as used in this paragraph, "Bank" means the banking institution indicated by appropriate mark in one of the check boxes located at the top of the first page of this document.

X _____, An Individual Date: _____ X _____, An Individual Date: _____

 Print Name Print Name

SITE INSPECTION INFORMATION (To Be Completed by Sales Rep)

LOC. TYPE: <input type="checkbox"/> Retail Store <input type="checkbox"/> Office Bldg <input type="checkbox"/> Industrial Bldg <input type="checkbox"/> Residence <input type="checkbox"/> Trade Show <input type="checkbox"/> Other (describe):	
MERCHANT: <input type="checkbox"/> Owns <input type="checkbox"/> Leases	Landlord Name: _____ Landlord Phone: _____
Does Business Appear Legitimate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ Other (describe): _____
Is site photo included with Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is business Open and Operating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is inventory sufficient for Business Type: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Visa and MasterCard decals visible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Goods and Services Delivered at Time of Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Mail/Telephone Order Sales Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No

By the signature below, signatory verifies that (i) he/she has physically inspected the Business Premises; and (ii) the information stated in this Agreement is correct, to the best of his/her knowledge and is represented by his/her Company.

Sales Representative - Signature: X _____ Sales Representative - Printed Name: _____ Date: _____