

MERCHANT CREDIT CARD PROCESSING AGREEMENT - PAGE 2 OF 10

MERCHANT PROFILE

Type of Ownership:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Tax Exempt Org. <input type="checkbox"/> Medical Corp. <input type="checkbox"/> Assoc./Estate/Trust <input type="checkbox"/> International Org. <input type="checkbox"/> Other: _____	If corporation, the state of incorporation?
Type of Business:	<input type="checkbox"/> Retail Storefront <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel / Lodging <input type="checkbox"/> Mail / Telephone Order <input type="checkbox"/> Internet <input type="checkbox"/> Service <input type="checkbox"/> Wireless Terminal <input type="checkbox"/> Trade Show <input type="checkbox"/> Kiosk <input type="checkbox"/> Supermarket <input type="checkbox"/> Other: _____	

For card not present merchants (MOTO, Internet), please provide marketing materials, or your web site address, that clearly shows products/services with pricing and contact information.

Type of Goods and/or Services Sold:	
What is your refund policy? <p style="text-align: center;">Satisfaction Guaranteed</p>	Card Present Signed: _____%
Is there a restocking fee? <p style="text-align: center;">N/A</p>	Card Present Imprint: <u>50</u> %
How will the product be advertised or promoted? <p style="text-align: center;">Word Of Mouth</p>	Card Not Present Keyed: <u>50</u> %
If advertised on the internet, please provide the web page address (URL):	Total: <u>100</u> %

Yes **No** Home based business?

Yes **No** Currently processing Visa/MasterCard/Discover? If yes, with whom? _____ N/A
 MID# _____ N/A

Yes **No** Has merchant ever been terminated? If yes, by whom? _____ N/A

Yes **No** Have you or the business ever declared bankruptcy? If yes, Discharge Date: _____
 State _____ N/A Chapter# _____ N/A

SITE INSPECTION INFORMATION (To be completed by Sales Representative)

Location Type:	<input type="checkbox"/> Retail Store Front <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel / Lodging <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	
Merchant:	Landlord Name:	Landlord Phone:
<input type="checkbox"/> Owns <input type="checkbox"/> Leases premises		
Does business appear to be legitimate? <input type="checkbox"/> Yes <input type="checkbox"/> No Is business open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No Is photo included with application? <input type="checkbox"/> Yes <input type="checkbox"/> No Are MasterCard and Visa decals visible? <input type="checkbox"/> Yes <input type="checkbox"/> No Is inventory sufficient for business type? <input type="checkbox"/> Yes <input type="checkbox"/> No Any mail/telephone order sales activity? <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 Does Merchant use a fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fulfillment house inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	By the signature below, signatory verifies that (i) she/he has physically inspected the Business Premises; and (ii) the information stated in this Agreement is correct to the best of her/his knowledge and as represented by her/his MERCHANT. Signature of Sales Representative _____ Print Name _____ Date _____	

CARDS TO BE ACCEPTED

American Express	<input type="checkbox"/> New Setup <input type="checkbox"/> Existing Account# _____
By signing this application, 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.	
Debit Service	<input type="checkbox"/> Check here if you do not wish to accept Visa Check <input type="checkbox"/> Check here if you do not wish to accept Debit MasterCard

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CARDHOLDER DATA STORAGE COMPLIANCE

Have you ever experienced an account data compromise? If yes, when? _____

I am using point of sale terminal hardware and software, or a PCI DSS Certified Internet Gateway Provider, supplied by Electronic Exchange Systems, and I confirm that I do not store cardholder data. (No further action necessary)

No, I am not using one of the above products. (Please complete the following questions.)

What third party software company/vendor did you purchase your POS Application from? _____

What is the name of the third party software? _____ Version #? _____

Do your transactions process through any other third parties, web hosting companies or gateways? Yes No

If yes, with whom? _____

Do you or your vendor receive, pass, transmit or store the full cardholder number, electronically? Yes No

If yes, where is card data stored? Merchant Third Party Only Both Merchant & Third Party GAA Export Only

1.) Are you or your vendor PCI/DSS (Payment Card Industry /Data Security Standard) compliant? Yes No

2.) What is the name of your Qualified Security Assessor? _____

3.) Date of compliance: ___/___/___ Date of last scan: ___/___/___

**** 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. ****

REQUIRED SIGNATURES

Merchant Warranty and Authorization: Merchant and I/we have read, acknowledge and agree to be bound by all of the terms and conditions set forth herein, including those set forth in this Application and the terms and conditions set forth hereafter on pages 1 through 10, which together constitute the Merchant Credit Card Processing Agreement (the "Agreement"). All information contained in the Application is true and accurate. By its signature hereto, Merchant acknowledges that it is in possession of an imprinter. Merchant and I/we hereby authorize Global Direct to order a consumer credit report on Merchant and each of us.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT (INCLUDING FUNDS TRANSFER INSTRUCTIONS ATTACHED HERETO) TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES

Sign Here **Merchant's Signature** _____ **Print Name** _____ **Date** _____

Sign Here Merchant's Signature _____ Print Name _____ Date _____

Personal Guaranty: I/We hereby guarantee to Global Direct and Member, and to their successors and assigns, the full, prompt and complete performance of Merchant and all of Merchant's obligations under this Agreement, including, but not limited to, all monetary obligations arising out of Merchant's performance or non-performance under this Agreement, whether arising before or after termination of this Agreement. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of this 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 non-payment or non-performance of any provision of this Agreement by Merchant, and all other notices or demands regarding this Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by either 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 Agreement provided to Merchant.

Sign Here **Guarantor's Signature** _____ **Print Name** _____ **Date** _____

Sign Here Guarantor's Signature _____ Print Name _____ Date _____

Sign Here Witness' Signature _____ Print Name _____ Date _____

Signed for Global Payments Direct, Inc.	Print Name _____	Title _____	Date _____
Signed for Member	Print Name _____	HSBC Bank USA, National Assoc. Name of Member _____	Date _____

