



Thank you for the opportunity to earn your business. Please fill out the below application and fax it, and all the needed items to me. **You only need to fill out the items in RED, everything else will be completed by us. Be sure to sign and initial on all pages where indicated in red and with arrows.**

Once your account is approved, we will send you the free equipment to your company's physical address. Make sure you have an available USB port on each of your computer(s).

You are also receiving secure gateway services for your credit card processing (card present, recurring, debit, etc) at no additional cost. The gateway offers many additional features that you can enable once your account is activated (additional charges may apply). Feel free to login and look around once you receive the welcome email with the web address, Account ID, and password.

By the time you receive the equipment we should have your account ready for processing, so call me and we can run a test transaction together.

The following items are needed in connection with your account:

- ✓ Signed and completed paperwork (Black ink only)
- ✓ Copy of most current 3 months statements from current processing service provider (all pages)
- ✓ Page 1 of your American Express AND Discover statement showing your merchant number
- ✓ Copy of a voided check from the account you want funds deposited into
- ✓ Copy of valid Drivers' License for all principals on application
- ✓ Copy of ONE of the following:
 - Valid Business License
 - Articles of Incorporation/Organization
 - State/county sales tax permit

I understand that should I terminate service with Acquirint, I will return all equipment provided to me.

→ _____
Signature of Principle

_____ **How many card readers do you need?
(1 for each cashier station)**

Ed John Phone: 805.443.1828 Fax: 805.277.8130 Email: EdJohn@amsvt.com

Application Type New to Credit Card Processing Currently Processing Credit Card (Rewrite)

Legal Business Name: _____
DBA Name: _____
Legal Address: _____
City: _____ **State:** _____ **Zip:** _____ **Business Open Date:** _____ Mo. / _____ Yr.
Contact Name: _____
Business Phone: _____ - _____ - _____ **Business Fax:** _____ - _____ - _____
Email Address: _____

I would like to receive online statements at the above listed email address. I understand that by accepting this option, I will not receive a mailed statement.

If cards are currently accepted, please identify where: MOTO/E-Commerce Face to Face How Long: _____ (Years)

Are you currently a customer of Citizens Financial Group (i.e., Citizens Bank of Rhode Island, etc.)? If yes, please indicate the institution's name: _____

Business Ownership Type
 Sole Proprietorship Partnership Corporation - Non-public Corporation - Public Stock Symbol: _____ Non-profit Organization LLC Government Entity

Lead Number: _____ **Federal Tax ID #:** _____

SIC: _____

Business Description: _____

Has this company ever had any cardholder account information compromised? Yes No **If Yes, When?** _____ (Merchant Initials)

INITIAL HERE

Swiped / Non-Swiped Percentages*

Face-to-Face _____ % <small>(Swiped)</small>	Imprinted _____ % <small>(Non-Swiped)</small>	MO/TO _____ % <small>(Non-Swiped)</small>	Internet _____ % <small>(Non-Swiped)</small>
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Financial Institution (F/I)?

US Non-US

F/I ID#: _____

Money Services Business (MSB)?

Yes No

Website Address: _____

*Website address required for any % of Internet transactions or total Non-Swiped greater than 20%

Transactions conducted at: Store Residence Warehouse/Office Mobile

Bank Name: _____

Bank Phone: _____ - _____ - _____ **Bank Zip:** _____

Does this location accept Advance Payments? Yes No

If Yes:

Payment Types:

Deposit taken Full Payment Membership / Insurance / Subscriptions, etc.

- What is the average percentage of the deposits being paid in advance? _____
- Number of days the deposit is paid to the merchant in advance of the full payment? _____
- Number of days after full payment is made to the merchant until customer takes delivery of goods / services? _____
- Average number of days to complete the service after purchase (e.g. length of membership, insurance policy, subscriptions, etc.)? _____
- What percentage of the annual bank card volume is based on the payment terms above? _____

Warranties

Monthly volume attributable to warranties \$ _____ Average length of warranty outstanding (# of months) _____ Who reinsures warranty liability? _____

Description of Products & Services Sold: _____

BUSINESS INFO

Principal Name: _____
First M.I. Last

Principal Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____ - _____ - _____

SSN#: _____ - _____ - _____ **DOB:** _____ Mo. - _____ Day - _____ Year **Percent Ownership** _____ %

US Citizen? If no, provide country of citizenship _____

Politically Exposed Person?

PRINCIPAL INFO

Citizens Bank (Member Financial Institution)
600 Morgan Falls Road, Atlanta, GA 30350

FEES APPLY ONLY TO SERVICES USED

PRINCIPAL INFO

Principal Name: _____

First M.I. Last

Principal Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ - _____ - _____

SSN#: _____ - _____ - _____ DOB: _____ Mo. - _____ Day - _____ Year Percent Ownership _____ %

US Citizen? If no, provide country of citizenship _____

Politically Exposed Person? _____

Merchant Initials
If Additional Principals Information
Form Required.

Visa®, MasterCard®, Discover® and JCB® Credit Processing

Accept All Visa, MasterCard, Discover and JCB Consumer Credit, Commercial and Signature Debit Cards

Please Select Rate Pricing Structure

3-Tier Pricing

4-Tier Pricing

Cost Plus Pricing

Cost Plus Processing Fee

_____ . _____ % Per Transaction

\$ _____ . _____ Per Transaction

Merchants are responsible for the percentage and/or transaction fee listed here plus any card issuer costs involved.

3-Tier and 4-Tier Rates

Tier 1 Rate

Discount Rate: _____ . _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 2 Surcharge

Discount Rate: _____ . _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 3 Surcharge

Discount Rate: _____ . _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Tier 4 Surcharge

Discount Rate: _____ . _____ % Per Transaction

Item Fee: \$. _____ Per Transaction

Customer High Monthly Volume: \$ _____

Customer Monthly Volume: \$ _____

Customer Average Ticket: \$ _____

Customer High Ticket: \$ _____

Discover Network® Accounts

Discover Network Retained Account

Merchants who are on the "Discover Retained Merchant Accounts" list will continue to settle Discover transactions through Discover. Rates negotiated with Discover will apply on all Discover transactions in place of RBS WorldPay 3-Tier, 4-Tier, or Cost Plus credit transaction pricing structures. The RBS WorldPay item fee, as specified in this section, will be added to Discover Retained Merchant Accounts in addition to the negotiated Discover rates and will be charged by RBS WorldPay.

Existing Discover Merchant #: _____

RBS WorldPay Item Fee: \$. _____ Per Transaction

American Express®

Apply for American Express

Reverse PIP

Amex Discount Rate: _____ . _____ % Plus \$. _____ Per Transaction*

American Express \$5.95 Flat Fee Pricing

RBS WorldPay Item Fee: \$. _____ Per Transaction

Existing American Express Customer

Existing Amex Merchant #: _____

Existing Amex CAP #: _____
(For existing, multi-location customers only)

Merchants processing with American Express will be billed the Amex Discount Rate or \$5.95 Monthly Flat Fee by American Express directly.

American Express Yearly Volume: \$ _____

American Express Average Ticket: \$ _____

*0.30% downgrade will be charged for Retail transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not Presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet), is used at unintended Establishments (e.g., customer activated terminals, called CATS, or for which the transaction is key-entered). Capitalized terms appearing in this paragraph shall have the meanings ascribed in the American Express Terms and Conditions.

PIN Debit Processing
EBT

Accept Consumer PIN Debit Cards

Debit Access Fee: \$ _____ . _____ Per Month - Per Location

Debit Item Fee*: \$. _____ Per Transaction

Denials & Voids Fee*: \$. _____ Per Transaction

Batch Totals Fee: \$. _____ Per Transaction

Revolution Card Fee: . 50 % (basis points) Per Transaction

*Plus fees from individual card companies and/or debit networks.

Accept EBT

EBT Access Fee: \$ _____ . _____ Per Month - Per Location

EBT Item Fee: \$. _____ Per Transaction

Denials & Voids Fee: \$. _____ Per Transaction

Batch Totals Fee: \$. _____ Per Transaction

Direct Debit USA

Accept Direct Debit ACH Service

Deposit and Re-Deposit Item Fee: _____ . _____ % (basis points) Per Transaction

Retailer will issue benefits in the form of:

Food Stamp and Cash Benefits

Food Stamp Benefits Only

Cash Benefits Only

FNS Number: _____
(Food Stamps Merchants Only)

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MISC. FEES	Administrative: \$ ____ . ____ Per Month – Per Location	ACH Reject, NSF or Returned Check: \$ ____ . ____ Per Occurrence	Voice AVS Request: \$ ____ . ____ Per Call Batch Header: \$ ____ . ____ Per Occurrence _____ \$ _____ _____ \$ _____ Other Fee: \$ ____ . ____ *
	Minimum Processing: \$ ____ . ____ Per Month – Per Location	Voice Authorization: \$ ____ . ____ Per Call	
	Chargeback Handling: \$ ____ . ____ Per Chargeback	Voice Authorization Referral: \$ ____ . ____ Per Call	

* The Early Termination Fee set forth in Section 10.3 of the Terms and Conditions applies unless a different amount is specified in the Other Fee section above.

PETRO SERVICES	Wright Express® (WEX)	Fuelman® (FleetCor)	Fleet One®	Voyager®
	<input type="checkbox"/> Apply for Wright Express (WEX)** Item Fee: \$ ____ . ____ Per Transaction	<input type="checkbox"/> Apply for Fuelman (FleetCor)** <input type="checkbox"/> Current Fuelman (FleetCor) Customer Item Fee: \$ ____ . ____ Per Transaction	<input type="checkbox"/> Apply for Fleet One** <input type="checkbox"/> Current Fleet One Customer Item Fee: \$ ____ . ____ Per Transaction	<input type="checkbox"/> Apply for Voyager <input type="checkbox"/> Current Voyager Customer Voyager Discount Rate: ____ . ____ % Per Transaction Item Fee: \$ ____ . ____ Per Transaction

** Wright Express, Fuelman (FleetCor), and Fleet One applications require an additional form that is separate from the RBS WorldPay Customer Processing Agreement. Approximate set-up time for Wright Express, Fuelman (FleetCor), and Fleet One applications is 7-10 business days.

GIFT & LOYALTY	Gift Cards	Loyalty Cards
	<input type="checkbox"/> Accept Gift Cards* Gift Card Item Fee: \$ ____ . ____ Per Transaction Order Processing Fee**: \$ <u>25.00</u>	<input type="checkbox"/> Accept Loyalty Cards* Item Fee: \$ ____ . ____ Per Transaction Program Fee: \$ ____ . ____ Per Month – Per Location

*Order processing fee applies to Standard and Image initial orders and reorders less than 200 cards. *Merchants ordering Gift Cards or Loyalty Cards will need to complete and submit the Card Order Form.

SOFTWARE	Selected Software	Software Fees
	Data Cap Service Fee: \$ ____ . ____ Per Month – Per Terminal Data Cap Item Fee: \$ ____ . ____ Per Transaction Micros Surcharge Fee: \$ ____ . ____ Per Transaction	Virtual Terminal Service Fee: \$ ____ . ____ Per Month – Per Terminal Debit/Credit Origination Fee: \$ ____ . ____ Per Transaction

OTHER SERVICES	Wireless Services		
	<input type="checkbox"/> Accept Transactions via Wireless Wireless Services: \$ ____ . ____ Per Month – Per Terminal		
	Check Services		
	Current Check Processing Company: _____ Existing Check Processing Merchant #: _____ <p style="text-align: center; font-weight: bold; font-size: small;">*Merchants applying for CrossCheck Services must complete a separate CrossCheck Services Agreement.</p>		
	Equipment Replacement And Supplies	RFID	ARU
	<input type="checkbox"/> Accept <input type="checkbox"/> Decline <div style="border: 1px solid black; width: 50px; height: 40px; margin: 5px 0;"></div> (Merchant Initials) <small>(Required for Acceptance)</small>	<input type="checkbox"/> Accept Transactions via RFID Please Select RFID Equipment Type <input type="radio"/> Stand Alone <input type="radio"/> Terminal Mount <input type="radio"/> Wall/Glass Mount	<input type="checkbox"/> Accept Transactions via ARU Only Merchants processing via ARU are not subject to the Voice Authorization, Voice Authorization Referral, or Voice AVS Request Fees listed in the Misc. Fees section of this document.
	Please Select Service Level: <input type="radio"/> Terminal & Supplies: \$ ____ . ____ Per Month – Per Terminal <input type="radio"/> Supplies Only: \$ ____ . ____ Per Month – Per Terminal <input type="radio"/> Terminal Only: \$ ____ . ____ Per Month – Per Terminal		

OTHER SERVICES	Data Breach Services	
	Please Select Service Level: <input type="radio"/> Plus: \$ <u>9.99</u> <input type="radio"/> Premium: \$ <u>15.99</u> <input type="radio"/> None	<div style="border: 1px solid black; width: 50px; height: 40px; margin: 5px 0;"></div> I have received a copy of the Terms and Conditions for the Data Breach Services Program. (Merchant Initials) <small>(Required for Acceptance)</small>



CUSTOMER PROCESSING AGREEMENT PROCESSING FEE SCHEDULE

Sales Order No.

Citizens Bank (Member Financial Institution)
600 Morgan Falls Road, Atlanta, GA 30350

FEES APPLY ONLY TO SERVICES USED

Shopping Carts		Internet Gateways	
INTERNET SERVICES	<input type="checkbox"/> Accept Transactions via Internet Shopping Cart Please Select Shopping Cart Type	<input type="checkbox"/> Accept Transactions via Internet Gateway Please Select Internet Gateway	Gateway Setup Fee: \$ _____ . _____
	<input type="radio"/> Process via Cart32 Shopping Cart Maintenance Fee:	<input type="radio"/> Authorize.Net	TSYS Surcharge Fee: \$. _____ Per Transaction
	<input type="radio"/> Process via MIVA \$ _____ . _____	<input type="radio"/> TSYS	Item Fee: \$. _____ Per Transaction
<input type="radio"/> Process via ShopSite Per Month - Per Terminal	<input type="radio"/> Other (Please Specify): _____		
Internet Business Information			
Average Days to Fill a Order: _____		Percent of Orders Filled Internally: _____ %	Average Days to Ship an Order: _____
Name of Fulfillment House: _____		Refund Policy	
Website Address: _____		<input type="radio"/> Site Credit Only	
Transaction Service Provider Information: _____		<input type="radio"/> No Refunds	
		<input type="radio"/> Card Credit	
		Site Is SSL Secured:	
		<input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT	POS / VAR Application Name: _____	Version No. _____	
	This information is required for industry compliance purposes.		
	N U E R X	Model/Description	Serial Number
	Terminal <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____
	Printer <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____
	PIN Pad <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____
	Check Reader <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____
	Other <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____
	Store Name: _____	Store Return Policy on Terminal Receipt:	
	(As it is to appear on receipt header and imprinter plates)	<input type="radio"/> All Sales Final <input type="radio"/> No Refunds <input type="radio"/> Store Credit Only	
Auto-Close	Auto-Close Time	Time Zone	
<input type="radio"/> Yes	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> EST <input type="radio"/> MTN <input type="radio"/> CNT	
<input type="radio"/> No		<input type="radio"/> PAC <input type="radio"/> Hawaii	
CVV	AVS	Tips	Prompt for Server/Cashier #
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

MERCHANT ACCEPTANCE AND GUARANTY

The Customer hereby agrees to RBS WorldPay's standard Terms and Conditions for Customer Processing Agreements. These Terms and Conditions either appear on the reverse side of this form or are attached hereto. By signing below, I represent that (i) I have received and reviewed a copy of the Terms and Conditions and (ii) the information I have provided on the Customer Processing Agreement and during the application process, whether in written, electronic or verbal form, is complete and accurate. Customer acknowledges that no oral or written modifications to the Terms and Conditions have been made or promised to the customer.

Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to your account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time.

A consumer report of each of the officers, partners or owners of Customer may be requested from a consumer and/or credit reporting agency at the inception of this Agreement and from time to time thereafter. Acknowledgement and consent are hereby given.

If the Customer has elected to participate in the Data Breach Services Program (as indicated by a check in the Plus or Premium box in the "Data Breach Services" section), the Customer understands that the Data Breach Services Program is subject to terms and conditions that are being delivered separately. By signing below, Customer represents that Customer has received a copy of, understands, and agrees to the Terms and Conditions for the Data Breach Services Program.

By signing below, I represent that I have read and am authorized to sign and submit the application which I am delivering at this time to RBS WorldPay, Inc on behalf of the entity below and all information I have provided in the application is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in the 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 RBS WorldPay, 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 below 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.

USA PATRIOT Act: In order to assist the U.S. government in its efforts to fight the funding of terrorism and money laundering activities, RBS WorldPay is required to obtain, verify, and record information that identifies persons and entities who establish business relationships with RBS WorldPay. What this means for you: When establishing a contractual relationship with RBS WorldPay, we will ask for the legal name of the entity or person (i.e. business, principal, and contact), physical address, date of birth for individuals, date of incorporation or date business started for entities, tax identification number for businesses, and social security number for individuals. Additional information may also be required.

(Authorized Signature) (Print Name) (Title) (Date) **SIGN HERE**

(Authorized Signature) (Print Name) (Title) (Date)

The undersigned further hereby unconditionally guarantees to Bank and RBS WorldPay the full payment of all obligations arising out of or in furtherance of the Agreement and to pay Bank or RBS WorldPay all expenses incurred in collecting such obligation.

(Signature) (Date) (Signature) (Date) **SIGN HERE**

SITE	The undersigned sales representative attests that a site inspection of the above named Customer's premises was conducted and that the Customer has the proper facilities, equipment, inventory and licenses required to conduct the business.			
	_____ (Authorized Signature)	_____ (Print Name)	_____ (Date)	_____ (Sales Code)