

Central Payment Co., LLC  
 d/b/a Global Payments  
 One Heartland Way  
 Jefferson, IL 47130  
 www.TSYS.com  
**800-449-8012**  
**877-269-6970**

Merchant Account # \_\_\_\_\_ MCC/SIC: \_\_\_\_\_

Agent # \_\_\_\_\_ Sales Director \_\_\_\_\_

- New Setup  Change of Ownership  
 Add Location  Change of Business Structure

**MERCHANT CARD PROCESSING APPLICATION & AGREEMENT**

<b>W9 INFO</b>	Legal Business Name: (As it appears on IRS tax documents):		Address for IRS/Compliance Notices (If different than DBA address given below):		
	Taxpayer Identification Number (Must be 9 digits): <input type="checkbox"/> EIN <input type="checkbox"/> SSN		City	State	Zip
	Type of Ownership: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Gov't <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Non-Profit			Legal Phone:	Fax Number:

<b>DBA INFO</b>	Doing Business As Name (As it appears on receipts):		DBA Address (Street address other than PO Box):		
	DBA Phone	Business Website:	City	State	Zip
	Business Email: (Required)		Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Home <input type="checkbox"/> Office	Hours of Operation:	Business Open Date:

<b>BUSINESS INFO</b>	Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Government <input type="checkbox"/> Utility <input type="checkbox"/> Mail/Phone <input type="checkbox"/> Prof. Services <input type="checkbox"/> Retail w/ Tip <input type="checkbox"/> Internet <input type="checkbox"/> Business to Business: B-2-B _____% B-2-C _____%		Swiped % _____	Specific Type of Product(s)/Services Sold: <input type="checkbox"/> Fulfillment House Used
	Requested Monthly Sales Limit: \$		Keyed % _____	Number of days Until Product/Service is delivered:
	Requested Highest Ticket: \$		eCommerce % _____	Mastercard/Visa/Discover sales: Transactions are settled: <input type="checkbox"/> Date of Order <input type="checkbox"/> Date of Shipment
	Average Ticket: \$		Mail Order % _____	Return Policy: <input type="checkbox"/> Refund w/in 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> None <input type="checkbox"/> Other:
			Total % 100	Who is the applicant's current merchant services provider? (Please provide previous processing statements):

**FUNDS TRANSFER: In accordance with the terms set out in the Terms and Conditions, transfer funds will be made to/from the account set forth on the attached voided check or bank letter.**

<b>BENEFICIAL OWNER AND OFFICER INFO</b>	A. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% of more of the equity interests of the legal entity or sole proprietorship for which the account is being opened.					
	Name of Owner:	Social Security Number (SSN): Non-U.S. Person: SSN, Passport Number and Country of Issuance	Date of Birth:	Percent Owned: (%)	Residential Address, City, State, Zip:	Residential Phone Number:
<b>BENEFICIAL OWNER AND OFFICER INFO</b>	B. The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An Executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section A above may also be listed in this section B.)					
	Name of Officer/ Manager:	Title:	Social Security Number (SSN): Non-U.S. Person: SSN, Passport Number and Country of Issuance	Date of Birth:	Percent Owned: (%)	Residential Address, City, State, Zip:
<sup>1</sup> In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. Privacy Policy can be found at www.tsys.com.						
Name and Title of person Opening Account who by signing page 3 of this application is certifying (i) that, to the best of his/her knowledge, the information provided in this section 3 is complete and correct, and (ii) that the information provided in Sections 1 and 2 about the legal entity for which the account is being opened is complete and correct.					Name:	
					Title:	

<b>SITE SURVEY</b>	Did the agent meet with the business owner in person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Under the penalty of perjury and accountability, I hereby certify I personally conducted this premises inspection described above and hereby certify that this business is legitimate and have verified the identification of the above listed principal(s):  Independent Sales Agent Signature: _____  Independent Sales Agent Name: _____
	Does the business have proper signage clearly indicating the DBA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the interior of the business reflect the types of products or services sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If the site survey was not completed, how was the data sourced? <input type="checkbox"/> Online Lead <input type="checkbox"/> Other:	
	Type of Building: _____ Square Footage: (approximate): _____	





## BANK DISCLOSURE

### Merchant Services Provider Contact Information

Name: Central Payment Co., LLC d/b/a Global Payments

Address: One Heartland Way, Jefferson, IL 47130

Website URL: [www.TSYS.com](http://www.TSYS.com)

Customer Service Phone Number: 800-449-8012 / 877-269-6970

### Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is Wells Fargo Bank, N.A., PO Box 6079, Concord, CA 94524 and its phone number is (844) 284-6834.

### Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Payment Network products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Agreement.
- The Bank is responsible for educating Merchants on pertinent Visa and Mastercard Rules with which Merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve.

### Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Payment Network thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Payment Network rules.
- Retain a signed copy of this Disclosure Page.

### Merchant Resources

- You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/support/consumer/visa-rules.html>
- You may download "Mastercard Rules" from Mastercard's website at: <https://www.mastercard.us/en-us/business/overview/support/rules.html>

The responsibilities above do not replace the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

### Merchant Information

Business Legal Name (Printed): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Signature of Business Principal: \_\_\_\_\_

Name of Business Principal (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_