



Merchant Processing Agreement

ISC Office Number:	ISC / Representative Name:	Representative Number:
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Business Information			Merchant Profile		
Doing Business As (DBA) Name:		Telephone Number: ()	Date Business Started:	Length of Current Ownership:	Number of Locations:
Federal Tax ID Number (9 digits):		FAX Number: ()	Type of Business:		Type of Products/Services Sold:
Email Address:		Web Site Address:		Have You Filed for Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location / Site Address:		Mailed Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Currently Accepting Transactions: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Bankruptcy Been Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No
City:		State:	Zip Code:	Do You Operate a Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Business Name:		Telephone Number: ()	Card Present Swiped _____ %		Average Business-to-Business: _____ %
Mailing / Business Address (if different from Location / Site Address):		FAX Number: ()	Card Present Keyed/Imprint _____ %		Average Monthly Volume (\$) / High Monthly Volume (\$): /
City:		State:	Zip Code:	Card Not Present (mail/phone) _____ %	
City:		State:	Zip Code:	Internet _____ %	
				Total 100 %	
				Average Ticket (\$) / High Ticket (\$): /	

Ownership Information

Ownership Type (50% or more of company equity is required to sign this Agreement):

Sole Proprietorship Partnership C-Corporation S-Corporation Limited Liability Corporation Not for Profit Other _____

Owner/Partner/Officer Name 1:		Title in Business:		Owner/Partner/Officer Name 2:		Title in Business:	
Equity Ownership: %	State Driver's License Number:	Social Security Number (9 digits): - -		Equity Ownership: %	State Driver's License Number:	Social Security Number (9 digits): - -	
Home Street Address:		Telephone Number: ()		Home Street Address:		Telephone Number: ()	
City:		State:	Zip Code:	City:		State:	Zip Code:

Authorization to ACH			Merchant References		
Bank Name:		Telephone Number: ()	Trade Reference Number 1:		Telephone Number: ()
Transit (ABA Routing) Number:		DDA Account Number:	Trade Reference Number 2:		Telephone Number: ()

Schedule of Charges

Retail Discount Rate:	Mail/Telephone/Internet Discount Rate:	Transaction Fee (\$)	Optional Service Fees:	Footnotes:
Visa ² _____	_____	_____	<input type="checkbox"/> National Debit Transaction Fee ⁵ : _____	<p>1. Seasonal Merchants may pay additional fees for setup and deactivation.</p> <p>2. Retail Visa[®]/MasterCard[®]/Discover Network[®] credit card transactions that are swiped, electronically authorized, and closed in a daily batch will receive the discount rates and transaction fees shown. A surcharge of up to 1.89% and \$0.10 may apply to: 1) manually keyed retail Visa/MasterCard/Discover Network credit card transactions; 2) manually keyed retail Visa/MasterCard/Discover Network credit card transactions that are not closed in a daily batch within 24 hours of the card's authorization; 3) manually keyed and mail/telephone/Internet transactions that do not receive an "exact match" from the Address Verification Service (AVS) prompt; and 4) business, corporate, rewards, foreign card, non-PIN-based Debit and World card transactions.</p> <p>3. A bundled rate is the combination of the discount rate and the transaction fee. A bundled rate is based on the merchant's average ticket and monthly processing volume, as projected at the time of filing the Merchant Agreement. Deviation in the average ticket and monthly processing volume of 10 percent or more measured over a calendar month when compared with the preceding calendar month may result in an increase in charges.</p> <p>4. Two basis-points of Visa/MasterCard volume up to a maximum monthly charge of \$35.</p> <p>5. Any additional assessments related to the Debit Networks transactions will be charged to the Merchant.</p> <p>6. A one-time activation fee will be added if the merchant requires wireless data capture services.</p> <p>7. A set-up fee will be added for some types of POS software and for certain methods of POS communication. Users of some systems may incur an additional transaction fee.</p>
MasterCard ² _____	_____	_____	<input type="checkbox"/> National Debit Monthly Access: _____	
Discover Network ² _____	_____	_____	<input type="checkbox"/> Electronic Benefits Transfer transaction: _____	
<input type="checkbox"/> Bundled Rate ³ (Visa, MasterCard and Discover Network Rates and Fees Combined)		_____	<input type="checkbox"/> Online Access Monthly Maintenance: _____	
Processing Fees:			<input type="checkbox"/> Fast Funding sm Monthly Service: _____	
Monthly Maintenance:		\$12.00	<input type="checkbox"/> Internet Gateway Monthly Access: _____	
Voice Authorization per Item:		\$.95	<input type="checkbox"/> Wireless Transaction: _____	
Batch per Occurrence:		\$.25	<input type="checkbox"/> Wireless Network ⁶ Monthly Access: _____	
AVS per Item:		\$.05	<input type="checkbox"/> WEX (Wright Express) ⁷ Standard Transaction: _____	
Regulatory Compliance:		\$ 3.63		
Risk Assessment ⁴ :		.02%		
Monthly Visa/MasterCard/Discover Network Minimum:		\$25.00		
Annual Renewal:		\$79.00		

Visa / MasterCard / Discover Network Acceptance

Choose one of the following for your card acceptance at the Rate/Fee specified on this Merchant Processing Agreement:

- Accept all Visa, MasterCard and Discover Network payment cards.
- Accept only credit cards.
- Accept only signature debit cards
(VISA Check Cards, Discover Network Debit and MasterCard Money cards)

American Express Acceptance

Choose Only One: <input type="checkbox"/> New <input type="checkbox"/> Existing		Existing American Express Merchant Number:	
Choose Only One: <input type="checkbox"/> Discount Rate: % <input type="checkbox"/> Monthly Flat Fee \$5.00	Transaction Fee: 25 ¢	Choose Only One: <input type="checkbox"/> Monthly Gross Pay (+0.03% if \$100,000 or more)	
	Paper: %	<input type="checkbox"/> Daily Gross Pay	
Home Based: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pay Frequency (in days): <input type="checkbox"/> 3 <input type="checkbox"/> 15 <input type="checkbox"/> 30	
Expected Monthly Card Sales (\$):		Estimated Average Ticket (\$):	
Franchise Name:		Franchise CAP #:	

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.

Integrity Check Services Acceptance

Choose As Many As Apply:

Check Conversion Check Guarantee Check Verification

Discount Rate:	Transaction Fee:	Monthly Service Fee:
Monthly Minimum Fee \$:	Average Check Amount \$:	Largest Check Amount Accepted \$:
Average Monthly Volume \$:	By signing the Merchant Acceptance section, I represent that the information I have provided on the Integrity Payment Systems Merchant Processing Agreement is complete and accurate. I hereby request for Check Guarantee, Check Conversion, or Check Guarantee with Check Conversion from Integrity Check Services and its provider to be added to my Merchant Agreement. I understand that the Terms and Conditions for Integrity Check Services (Terms and Conditions) will be sent to the business indicated on the opposite page upon approval by Integrity Check Services and its provider for this business entity to accept the checks for guarantee and/or conversion. By accepting checks for guarantee and/or conversion for the purchase of goods and/or services, I agree to be bound by the Terms and Conditions.	

For Integrity Payment Systems Use Only

I accept this Merchant Processing Agreement on behalf of Integrity Payment Systems, LLC

Signature: X Title:

Personal Guaranty

The undersigned guarantees to Integrity Payment Systems, LLC (IPS) the performance of this Agreement and any addendum thereto by Merchant, including payment of all sums due and any attorneys fees and costs associated with enforcement of the terms thereof. IPS shall not require to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guarantee and shall not be discharged or affected by death of the undersigned and shall bind the heirs, administrators, representatives, and assigns and may be enforced by or for the benefit of any successor processor. The term of this guarantee shall be for the duration of the Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur during the term thereof though enforcement shall be sought subsequent to any termination.

Print Name: _____ Date: _____

Signature: X

I have personally witnessed the signature above.
Print Name: _____ Date: _____

Witness Signature: X

Corporate Certification

I certify that I am the duly elected and qualified _____ (title) of the corporation whose full legal name appears on this Merchant Processing Agreement. I certify that the following is a true and complete copy of a resolution adopted on _____ (date) by the Board of Directors, such resolution being in accordance with the corporation's articles and bylaws and still in force and effect. Resolved, that the following person(s) are hereby authorized on behalf of the corporation to contract with Integrity Payment Systems, LLC (IPS) and to act on behalf of the corporation in all matters related to the Merchant Processing Agreement and any addendum thereto. Resolved further, that IPS may rely upon the authorization granted in this resolution until either or both receive actual notice of any change. I further certify that the following are the name(s), genuine signature(s), and title(s) of the person(s) authorized by the above resolution.

Signature (additional authorized corporate officer): X Title: _____

Signature (I hereby certify that I am an authorized officer of the corporation): X Title: _____

Merchant Acceptance

The undersigned represents and warrants to Integrity Payment Systems, LLC (IPS) that all of the terms and conditions of this Merchant Processing Agreement consisting of this entire document in addition to any other documentation or addendum has been received and reviewed in its entirety, is true and correct, and sets forth the agreement between IPS and MERCHANT. Also, the undersigned authorizes IPS or its representative to investigate the credit of each person listed on the agreement and represents that the undersigned has the authority to provide information and execute this Agreement with IPS. The Agreement shall become effective upon the acceptance of the Agreement by IPS through an acknowledgment upon this Agreement at its offices following underwriting, approval, and the assignment to MERCHANT of a merchant processing identification number. **As per Section 6 of the Terms and Conditions, by signing the agreement you hereby authorize IPS (and its vendors and agents), using the ACH system, to initiate such credit and debit entries to the settlement account (or at any other account maintained by you at any institution that is a receiving member of ACH) all in accordance with this agreement. This authorization is to remain in effect until IPS has received written notice from you of its termination, in such time and in such manner as to afford IPS a reasonable time to act. Notwithstanding the foregoing, this authorization shall remain in effect until such time as all of your obligations to IPS have been paid in full.**

I confirm I have read the above and received a copy of the Terms & Conditions.

Print Name: _____ Title: _____

Signature: X Date: _____

Print Name: _____ Title: _____

Signature: X Date: _____

ISC Verification

I certify the information in this agreement is true and correct to the best of my knowledge and is as represented by the Merchant:

Signature: X Date: _____

Voided Check, Photo and Site Survey Sheet

Merchant Account Voided & Address Imprinted Check

Attach Merchant Account Voided Check Here
(For ACH)

NOTE: deposit slips are *not* acceptable as the ABA number is different than for the checking account.

Interior and Exterior Merchant Photos

Photo showing products and services and exterior photo showing signage may be required on certain types of merchant accounts.

Site Survey

Merchant Location: <input type="checkbox"/> Retail/Storefront <input type="checkbox"/> Office Complex <input type="checkbox"/> Residence <input type="checkbox"/> Other _____		Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	
Square Footage: <input type="checkbox"/> 0 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 2,000 <input type="checkbox"/> Over 2,000		Ownership of Premises: <input type="checkbox"/> Own <input type="checkbox"/> Lease	If Lease, Person/Business Leasing Space: ()
Is Inventory/Merchandise Consistent With Type of Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Goods & Services Delivered at the Time of Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No	Merchant Location is Near What Major Cross Streets or Intersections:	

Additional Site Comments:

I hereby verify that: (1) this application has been fully completed by the Merchant Applicant; (2) if necessary, I have physically inspected the business premises of the merchant at the above-noted address; and (3) the information stated above is true and correct to the best of my knowledge and belief:

ISC / Representative Name:

ISC / Representative Number:

ISC / Representative Signature:

Date:

X



Terminal Input Request

Merchant Info / Header			Shipping Information		
DBA Name:			Ship To: <input type="checkbox"/> Sales Office <input type="checkbox"/> Merchant <input type="checkbox"/> Other		
DBA Address:			Shipping Address if Different from Merchant or Sales Office:		
City:	State:	Zip:			
Telephone Number:					

Trailer Message			Terminal Application		
			<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail w/ Tips <input type="checkbox"/> Lodging <input type="checkbox"/> Quick Pay		
REPROGRAM please complete below			<input type="checkbox"/> LEASE <input type="checkbox"/> PURCHASE please complete below		
Qty: _____	Terminal Type: _____	Model: _____	Qty: _____	Terminal Type: _____	Model: _____
Qty: _____	Terminal Type: _____	Model: _____	Qty: _____	Terminal Type: _____	Model: _____
<input type="checkbox"/> Dial-Up	<input type="checkbox"/> High Speed	<input type="checkbox"/> Wireless	<input type="checkbox"/> Dial-Up	<input type="checkbox"/> High Speed	<input type="checkbox"/> Wireless
If debit, PIN type: _____		Swap* / New	If debit, PIN type: _____		Swap* / New
* NOTE: Only compliant PIN Pads can be swapped; otherwise, an upgrade is necessary.			* NOTE: Only compliant PIN Pads can be swapped; otherwise, an upgrade is necessary.		

Tele-Training		Equipment Provided By:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IPS	<input type="checkbox"/> Other

POS System / Software		Additional Services	
Software:	Version:	<input type="checkbox"/> Debit	<input type="checkbox"/> EBT <input type="checkbox"/> WEX
Reseller Ph# / Contact:		Check Services: <input type="checkbox"/> Existing <input type="checkbox"/> New	
IP Address (verify at www.IPSchicken.com)		Provider:	
Connection Speed:	<input type="checkbox"/> High Speed <input type="checkbox"/> Dial-Up	Merchant Number:	Reader / Imager Type:
Does The Merchant Need to Dial 9 for an Outside Line? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gift Cards: <input type="checkbox"/> Existing <input type="checkbox"/> New	
Does The Merchant Have Analog or Digital Lines? <input type="checkbox"/> Analog <input type="checkbox"/> Digital		Provider:	
		Merchant Number:	

Additional Comments	
	For IPS Use Only