

Sales Office \_\_\_\_\_

Print Sales Rep Name \_\_\_\_\_

Sales ID # \_\_\_\_\_

Merchant Number \_\_\_\_\_

Sales Rep. Signature \_\_\_\_\_

Phone #: \_\_\_\_\_

**Sale Office** ISO DBA full name (no abbreviations)

**Print Sale Rep Name**

**Sales ID #** This is an assigned number

You can request a Sale Rep ID in [My Sales Office – Desktop – Traces Online](#)

**Merchant Number** Omaha merchant number (518564 ...), this number is assigned upon approval. Or the MAI number (987...) if the account is pending credit's review or is declined.

**Sales Rep. Signature**

**Phone #** Sale Rep phone number

**General Information Regarding Merchant Paperwork:**

1. Application must be signed by a minimum of 1 Owner/Officer
2. A Site Survey Report or Section 2. Additional Credit/Site Survey Information - is required for All merchants
3. Business Check or Typed letter on Bank Letterhead are required for ALL merchants.
4. Merchant Paperwork (MPA, Site Survey and voided checks) MUST be sent into First Data with in 15 calendar days, to avoid fines.
5. A copy with all fees disclosed must be given to the merchant.

<b>I. BUSINESS INFORMATION</b>				Page 1 of 3
Client's Business Name ( <i>Doing Business As</i> ):		Client's Corporate/Legal Name ( <i>Use Also For Headquarter's Information</i> ):		
Business Address:		Billing Address ( <i>If Different Than Location Address</i> ):		
City:	State:	Zip:	City:	State: Zip:
Location Phone #: ( ) -	Location Fax #: ( ) -	Contact Name:		
Business E-mail or Website Address:		Contact Phone #: ( ) -	Contact Fax # / E-mail Address:	
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)
<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:		
SIC/MCC:				

**Client's Business Name**

Merchant DBA name

**Business Address**

Merchant address information

**Business E-mail or Website Address**

Website address will be **required** for Internet merchants

**Contact Phone #**

Merchant contact phone number

**Contact Fax # / E-mail Address**

Merchant contact fax number and/or email address

**Client's Corporate/Legal Name**

Merchant's corporate/headquarter name

**Billing Address**

Corporate/headquarter address information – required if it is different than the DBA

**Contact Name**

Merchant contact name

**Send Retrieval Request**

Mark the checkbox where merchant's chargeback letters will be sent

**Send Merchant Monthly Statement**

Mark the checkbox where merchant's statements will be sent

**Federal Tax Id #**

Fed ID Required (Corp), SS# Required for Partnership or Sole Owner for ALL Accounts.

**Detailed Explanation of the Type of Merchant**

**SIC/MCC**

Merchant Category Code – a listing of these codes can be found on [My Sales Office – Help – Training - FACS MCC Guide](#)

**2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS**

Are you using a Vendor?  Yes  No If yes, please supply a copy of Vendor's report.

1. Zone:  Business District  Industrial  Residential

2. Location:  Mall  Office  Home  Shopping Area  
 Mixed  Apartment  Isolated

3. # of Floors/Levels:  1  2-4  5-10  11+

4. Merchant Occupies:  Ground Floor  Other: \_\_\_\_\_

5. Remaining Floor(s) Occupied by:  
 Residential  Commercial  Combination

6. Approximate Square Footage:  
 0-250  251-500  501-2,000  2,001 plus

7. Return Policy:  Full Refund  Exchange Only  None

8. Do you have a refund policy for MC/VISA Sales?  Yes  No  
 If yes, check one:  Exchange  Store Credit  MC/VISA Credit  
 If MC/VISA Credit, within how many days do you submit credit transactions?  0-3  4-7  8-14  Over 14

9. Are customers required to leave a deposit?  
 No  Yes If Yes, % of deposit required: \_\_\_\_\_%

13. How many registers / Terminals: \_\_\_\_\_

14. How many employees: \_\_\_\_\_

15. Your Previous Processor: \_\_\_\_\_

16. Check Reason For Leaving:  
 Rate  Service  Terminated Date: \_\_\_\_\_  Other: \_\_\_\_\_

**Mail / Telephone Order / Business to Business Information**  
*(All Questions must be Answered)*

1. What % of total sales represent business to business (vs business to consumer):  
 Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = 100% (total sales)

2. What % of bancard sales represent business to business (vs business to consumer):  
 Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = 100% (total sales)

3. What is the time frame from transaction to delivery? (% of orders delivered in):  
 0-7 days \_\_\_\_\_% + 8-14 days \_\_\_\_\_% + 15-30 days \_\_\_\_\_% + over 30 days \_\_\_\_\_% = 100%

4. MC/Visa sales are deposited (check one):  Date of order  Date of delivery  
 Other (specify): \_\_\_\_\_

10. Advertising Method (Attach at least one):  
 Catalog  Brochure  Direct Mail  TV/Radio  
 Internet  Phone  Newspaper/Journals  Other  
*Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.*

5. Who performs product / service fulfillment?  Direct  Vendor  Other If vendor, add  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Please describe how the transaction works, from order taking to merchant fulfillment  
 (attach additional sheet if necessary):  
 \_\_\_\_\_

6. Does any of your cardholder billing involve automatic renewals or recurring transactions  
 (i.e. cardholder authorizes initial sale only)?  Yes  No

\*\*

\*\* Marketing materials are required for High Risk\* merchants when 21% or more of Bankcard Sales are MO/TO or Internet. Marketing materials and a Detail Product Description is required for Business to Business Merchants\*.  
 \*Refer to the Credit Policy for more information.

**3. COMPANY HISTORY**

<b>Date Business Started:</b>		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal	
<b>TRADE REFERENCE 1</b>		<b>TRADE REFERENCE 2</b>	
Vendor Name:		Vendor Name:	
Address:		Address:	
City:	State:	Zip:	
Contact Name:		Contact Name:	
Contact Telephone: (     )     -	Vendor Acct. #:	Contact Telephone: (     )     -	Vendor Acct. #:

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**Date Business Started** Dated the business was opened  
**Prior Bankruptcies**

**Trade References**

- Vendor Name
- Address
- City
- State
- Zip
- Contact Name
- Contact Telephone
- Vendor Account #

*All High Risk\*, Internet and MOTO merchants require 2 Trade References.  
 Trade Reference are also required for Regular Risk\* merchant who process over \$2 million in Bankcard transactions a year.*

*\*Refer to the Credit Policy for more information.*

***We recommend that you get Trade References from all merchant.***

DBA Name:

Merchant #:

**4. OWNERS / PARTNERS / OFFICERS**

Page 2 of 3

OWNER / PARTNER / OFFICER 1			OWNER / PARTNER / OFFICER 2		
Name: <i>(First, MI, Last)</i>		% Ownership:	Name: <i>(First, MI, Last)</i>		% Ownership:
Title:			Title:		
Home Address: <i>(No P.O. Box)</i>			Home Address: <i>(No P.O. Box)</i>		
City:	State:	Zip:	City:	State:	Zip:
Telephone #: (       )       -			Telephone #: (       )       -		
Social Security #			Social Security #		
D.O.B.:	DI #:	State:	D.O.B.:	DI #:	State:

**DBA Name** You will need to provide this information at the top of each page on the MPA  
**Merchant Number** You will need to provide this information at the top of each page on the MPA

**Owner / Partner / Officer**

- Name** First name, middle initial, last name
- % Ownership** Supply their percentage of ownership
- Title** Title with the company
- Home Address** PO Boxes are not allowed
- Social Security #**
- D.O.B** Date of Birth
- DL #** Driver license number
- State** In which issued the driver license

*Name, Address and SS# required for all principals. Not required for well known Not-for profits (must have at least 50 employees), public companies and Government entities.*

<b>5. SETTLEMENT INFORMATION</b>	
<b>Deposit Bank:</b>	<b>Bank Contact:</b>
<b>Transit / ABA #:</b>	<b>Deposit Account #:</b>

- Deposit Bank** Bank name
- Bank Contact** Name of a bank contact
- Transit / ABA #** Trans Routing Number - must match voided check or bank letter
- Deposit Account #** Deposit Account Number - must match voided check or bank letter

**6. EQUIPMENT/THIRD PARTY INFORMATION**

Do you use any third party to store, process or transmit cardholder data?  Yes  No

If yes, give name/address: \_\_\_\_\_

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: \_\_\_\_\_

**INTERNET GATEWAY:**  YourPay.com  Other: \_\_\_\_\_

Wireless Network: \_\_\_\_\_

PC/Internet Software \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Terminal Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Printer Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

PIN Pad \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

**LEASE COMPANY: (04) First Data Global Leasing Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: 10.20**

**Total Monthly Lease Charge: \$\_\_\_\_\_ w/o taxes, late fees, or other charges that may apply – See Lease Agreement in Program Guide for details.**

**This is a non-cancelable lease for the full term indicated.)**

Address _____	City _____	State _____	Zip _____	Attention: _____
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This information is primarily for your office's use. It is very important to capture this information because it will determine which front-end the merchant will need to be setup on.

**7. GRID INFORMATION - INTERNAL USE ONLY**

MC CREDIT MPG ID <i>8-position Alpha/Numeric</i>	VISA CREDIT MPG ID <i>8-position Alpha/Numeric</i>	AUTHORIZATION GRID ID#: _____
MC DEBIT MPG ID <i>8-position Alpha/Numeric</i>	VISA DEBIT MPG ID <i>8-position Alpha/Numeric</i>	USER DEFINED GRID ID#: _____
MC TIERED GRID ID <i>8-position Alpha/Numeric (Client Use)</i>	VISA TIERED GRID ID <i>8-position Alpha/Numeric (Client Use)</i>	

This section is used to capture the grid IDs that support the fees outlined for the merchant in Section 9.  
**This section must be completed and the grids must match the exact pricing you disclosed in Section 9.**

FDBCS908	8. TRANSACTION INFORMATION		FDBCS908
FINANCIAL DATA	WHERE IS SALE TRANSACTED? <i>(Must = 100%)</i>	HOW IS TRANSACTION COMPLETED? <i>(Must = 100%)</i>	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Store Front/Swiped _____ %	Electronic Data Capture	_____ %
Average YEARLY MC & VISA Volume \$ _____	Internet _____ %	Manual Entry with Imprint	_____ %
Average MC/VISA Ticket <i>(Estimate if Never Processed in Past)</i> \$ _____	Mail Order _____ %	Manual Entry Card Not Present or Imprinted	_____ %
Highest Ticket Amount \$ _____	Telephone Order _____ %	Voice Auth & Capture	_____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____	Total _____ <b>100</b> %	Total	_____ <b>100</b> %

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Financial Data is used to set the risk and underwriting thresholds. Providing inaccurate information may result in funding delays to your merchant or the account being closed.

2 Year of Financials are **required** for High Risk\* merchants with over \$1MM in Bankcard Sales and any Regular Risk\* merchant with \$2MM or more in Bankcard Sales.

*\*Refer to the Credit Policy for more information.*

DBA Name: \_\_\_\_\_

Merchant #: \_\_\_\_\_

<b>9. SERVICE FEE SCHEDULE</b>					Page 3 of 3
<b>Authorization &amp; Capture Transaction Fees</b>					
MasterCard and Visa Authorization & Capture Fee: \$ _____ (Per Item)			Voice Authorization \$ _____ (Per Item)		
American Express: \$ _____ (Per Item)	Discover: \$ _____ (Per Item)	JCB: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)	
#: _____	# _____	# _____	ARU Fee \$ _____ (Per Item)		
<b>Miscellaneous Fees</b>				<b>Monthly Fees</b>	
Chargeback Fee \$ _____ (Per Item)	Retrieval Fee \$ _____ (Per Item)	Return Fee \$ _____ (Per Item)	Wireless Fee \$ _____	eMerchantView Access Fee \$ _____	
Sales Transaction Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)	Customer Service Fee \$ _____	Debit Access Fee \$ _____	
EBT-Food Stamps \$ _____ (Per Item) #:		EBT-Cash Benefits \$ _____ (Per Item) #:			
Other: \$ _____		Annual Fee: \$ _____			
Minimum Monthly Fee \$ _____		Monthly Statement Fee \$ _____ (Account on File)			
			Supplies: \$ _____	Other: \$ _____	

**DBA Name** You will need to provide this information at the top of each page on the MPA  
**Merchant Number** You will need to provide this information at the top of each page on the MPA

**Authorization & Capture Transaction Fees**

The fees disclosed in this section will be assessed to the merchant by attaching an Authorization Grid in MAE+. The fees disclosed in this section and the grid you attach must have the exact pricing on all card types. For example if there is no American Express rate on the MPA, the Authorization Grid you attach CANNOT have American Express fee.

**Miscellaneous Fees**

The fees in this section will be entered into MAE+ separately. Collecting an Annual Fee requires a manual effort by the ISO. To collect an Early Termination Fee it must appear on the MPA. This is not a fee that can be added after the MPA is signed.

**Monthly Fees**

The fees in this section will be bill to your merchant by attaching a User Define grid. Each User Define grid can bill up to 5 separate line items, but each merchant can only have one User Define grid attached to them.

**Discount Fees (Based on Gross Sales Volume)**

<b>Tiered</b>					
	Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	VS Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	VS Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	VS Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	VS Rewards 1	%	\$
MC Worldcard Mid-Qual	%	\$	VS Rewards 2	%	\$
MC Worldcard Non-Qual	%	\$			
MC Qual Debit	%	\$	VS Qual Debit	%	\$
MC Mid-Qual Debit	%	\$	VS Mid-Qual Debit	%	\$
MC Non-Qual Debit	%	\$	VS Non-Qual Debit	%	\$

**Accept all MasterCard and Visa Transactions**  
*(presumed, unless any selections below are checked)*

**MasterCard Acceptance**

Accept MC Credit transactions *only*

Accept MC Non-PIN Debit transactions *only*

**Visa Acceptance**

Accept Visa Credit transactions *only*

Accept Visa Non-PIN Debit transactions *only*

See Section 1.9 of the Program Guide for details regarding limited acceptance.

**Discount Collected**     Daily     Monthly

To use the extended tiered pricing options (Worldcard or Rewards) or MPG TXN Fee column you need to have a Merchant Pricing Grid attached to your merchant.

If a merchant does NOT want to accept MasterCard Credit/Debit or Visa Credit/Debit, they need to check the appropriate box(es). If no boxes are checked we will assume that the merchant wants to be setup up for all MasterCard and Visa transactions.

**Discount Collected**

Daily – means we will debit the merchant daily

Monthly – mean we will collect all of our fees at month end

ERR						Fleet	
	Discount	Non-Qual Fees		Discount	Non-Qual Fees	Wright Express	
MC Qual Credit	%	%	VS Qual Credit	%	%	Qual _____%	Other Item Rate \$ _____ (per item)
MC Qual Debit	%	%	VS Qual Debit	%	%		

■ Pass Through Interchange – Includes Dues and Assessments				
Sales Transaction Fee \$ _____ (per item)		Discount		Discount
	MC Qual Credit	%	Visa Qual Credit	%
Other Volume Percent _____%	MC Qual Debit	%	Visa Qual Debit	%
PIN Debit				
<input type="checkbox"/> Pass Through Debit Network Fees (ETC Only)	Other Item Rate \$ _____ (per item)		Other Volume Percent _____%	

  

TeleCheck	
<input type="checkbox"/> Split Dial	SE Number _____
<input type="checkbox"/> License #	Inquiry Rate _____%
<input type="checkbox"/> MICR	Per TXN Fee \$ _____
<input type="checkbox"/> Warranty	ECA Chargeback Fee \$ .10
<input type="checkbox"/> ECA	December Risk Surcharge _____%

To setup a merchant for Pass Through pricing you **MUST** check the box in this section.

**Sales Transaction fee** – assessed on every sale the merchant has

**Other Volume Percent** – will be assessed on the merchant’s NET volume

**MC Qual Credit, MC Qual Debit, VS Qual Credit and VS Qual Debit** - will be assessed on the merchant’s GROSS volume

FDBCS908	<b>10. SIGNATURE(S)</b>	FDBCS908																											
<p>Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the MC and Visa Tiered Grid ID Numbers, Program Guide (Version FDBCS908) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement as Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and BancorpSouth Bank ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes FDMS and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. It is our policy to obtain certain information in order to verify your identity while processing your account application.</p> <p>You acknowledge that by accepting a Discover® card for payment, you agree to the terms and conditions of Discover® Network ("Discover"). Such terms and conditions will be sent to you by Discover®.</p> <p>The individual who signs this Agreement has authority to do so and to bind its Establishment to the terms and conditions of this Agreement. You further represent that you are authorized to sign and enter into this Agreement on behalf of your establishment, subsidiaries and affiliates, and that you authorize American Express Travel Related Services Company, Inc. to verify the information on this Application.</p> <p>If BancorpSouth Bank does not approve Client for a Merchant Processing Agreement in connection with this Application, Client hereby consents to forwarding all information contained in this application, as well as all other information disclosed by Client in connection with this application to Cardservice International, Inc., for the purpose of considering Client for a merchant processing account subject to different terms, conditions and pricing, which will be disclosed to Client and subject to Client's acceptance prior to any formal underwriting consideration.</p> <p><b>Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.</b></p> <p><b>Client's Business Principal/Officer:</b></p>																													
<table style="width:100%; border:none;"> <tr> <td style="width:33%;">Signature <b>X</b> _____</td> <td style="width:33%; text-align:center;">Title _____</td> <td style="width:33%;">Signature <b>X</b> _____</td> </tr> <tr> <td>Print Name of Signer _____</td> <td style="text-align:center;">Date _____</td> <td>Print Name of Signer _____</td> </tr> <tr> <td>Signature <b>X</b> _____</td> <td style="text-align:center;">Title _____</td> <td style="text-align:right;">Date _____</td> </tr> <tr> <td>Print Name of Signer _____</td> <td style="text-align:center;">Date _____</td> <td></td> </tr> </table> <p><b>Personal Guarantee:</b> The undersigned guarantees to FDMS and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.</p> <p><b>Personal Guarantee</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Signature <b>X</b> _____</td> <td style="width:33%;">Print Name: _____</td> <td style="width:33%;">Date _____</td> </tr> <tr> <td colspan="3"><b>Personal Guarantee</b></td> </tr> <tr> <td>Signature <b>X</b> _____</td> <td>Print Name: _____</td> <td>Date _____</td> </tr> </table> <p><b>Accepted By First Data Merchant Services Corporation</b>      <b>BancorpSouth Bank, 2778 West Jackson Street, Tupelo, MS 38801</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Signature <b>X</b> _____</td> <td style="width:33%;">Signature <b>X</b> _____</td> <td style="width:33%;"></td> </tr> <tr> <td>Title _____</td> <td>Title _____</td> <td>Date _____</td> </tr> </table>			Signature <b>X</b> _____	Title _____	Signature <b>X</b> _____	Print Name of Signer _____	Date _____	Print Name of Signer _____	Signature <b>X</b> _____	Title _____	Date _____	Print Name of Signer _____	Date _____		Signature <b>X</b> _____	Print Name: _____	Date _____	<b>Personal Guarantee</b>			Signature <b>X</b> _____	Print Name: _____	Date _____	Signature <b>X</b> _____	Signature <b>X</b> _____		Title _____	Title _____	Date _____
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*Personal Guarantee for all high risk, MO/TO and Internet merchants. Highly recommended, although not required for all other accounts.*