



MERCHANT BANKCARD APPLICATION

Agent/Office _____

Agent Name _____

Agent No. (for app.) _____

Complete, Print & Fax with Voided Check & Business Name Registration or Articles of Incorporation to 1-732-450-9345.

Business Name (DBA):			Corporation Name (if applicable):		
Business Address (NO PO Box):			Corporation Address:		
City, State, Zip, County:			City, State, Zip, County:		
Contact:	Business Phone:	FAX #:	Federal Tax # (proprietors use SS#):		
Landlord Name:	Contact:	Phone #:			
Web Site Address:	Business License:	Other Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Business (Current Ownership): Years _____ Months _____		
Visa/MC Monthly Volume:	Visa/MC Average Ticket:	Visa/MC Maximum Ticket:	Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <small>(51% ownership for a corporation and 100% ownership for a partnership or proprietorship must be accounted for on this application)</small>		

Brief Description of Products and / or Services Sold:

BUSINESS CATEGORY ___ Mfg ___ Whs/Dist ___ Retail	PROCESSING TYPE ___ Card Swipe ___ Phone Order ___ Internet	SALES METHOD (MUST EQUAL 100%) Retail / Swiped ___% Hand key no imprint ___% Hand key with imprint and sig ___%
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Personal Data-Owner/Officer (If Partnership, All Must Sign)
Has owner/principal/officer #1 filed personal/business bankruptcy during the past ten years? Yes No If yes, when? _____ Discharged? _____

1. Name (print):	Ownership %	Phone #
Address: City, State, Zip <input type="checkbox"/> Own <input type="checkbox"/> Rent	Drivers Lic. # State	
Social Security #	Date of Birth	Nearest Relative: Address:

Has owner/principal/officer #2 filed personal/business bankruptcy during the past ten years? Yes No If yes, when? _____ Discharged? _____

2. Name (print):	Ownership %	Phone #
Address: City, State, Zip <input type="checkbox"/> Own <input type="checkbox"/> Rent	Drivers Lic. # State	
Social Security #	Date of Birth	Nearest Relative: Address:

Business References

Trade Reference (Supplier) Name:	Acct. #	Contact:	Phone #
Trade Reference (Supplier) Name:	Acct. #	Contact:	Phone #

Banking Information

Bank Name - ACH detailed below:	Contact:	Phone #
Transfer ABA 9 digits:	Address, City, State:	Acct #

Merchant hereby authorizes Bank, in accordance with the related Merchant Card Processing Service Agreement, to initiate debit/credit entries to Merchant's checking account indicated above. The authority is to remain in full force and effect as described in Paragraphs 2.13 and 2.17 of the Merchant Card Processing Service Agreement.

Processing History Have you ever, or do you currently process credit cards? Yes No If yes, please complete the following:
Processor Name: _____ Under what business name? _____
How long?: _____ Reason for leaving: _____
Has any owner of this organization ever been terminated by a bankcard service? Yes No If yes, please state the reason and submit a copy of the letter of termination with this application: _____

Merchant Site Survey Report (required with monthly volumes greater than \$10,000)

Is Business Name visible on signage? Yes No Are photographs including signage enclosed? Yes No Type of building: _____

Square Footage: _____ Does Merchant Own or Lease?

Does inventory and merchandise at business location appear consistent with description of products and services sold? Yes or No

By signing here, I agree to having (1) confirmed the identity(s) of the person(s) who have signed below, and (2) performed a physical site inspection of Merchant's location, or have ordered and received a site inspection by an outside vendor.

Agent Office Name & Number _____ Sales Rep Signature _____ Date _____

If more space is required, check here _____ and attach amendment

Processing Information (For a list of other Fees, see Merchant Processing Agreement)

Discount Rate _____ Retail -Mid Qualified add .75% + \$.10 Non-Qualified add 1.66% + \$.10 MOTO/Internet: Mid-Qualified add .65% + \$.05 Non-Qualified add 1.26% + \$.05 Transaction Fee _____ Statement Fee \$10 Annual Fee \$59	Monthly Minimum Discount \$25 Gateway Access Fee _____ Batch Header \$0.20 Monthly Wireless Access Fee _____ Debit: Monthly Network Fee \$5.00 Per Item Fee _____	POS Equipment Type _____ QTY _____ e-mail address for order confirmation: _____ ORDER AMEX: <input type="checkbox"/> New <input type="checkbox"/> Existing AMEX #: _____ <input type="checkbox"/> Application Included ORDER Discover: <input type="checkbox"/> New <input type="checkbox"/> Existing Discover #: _____ <input type="checkbox"/> Application Included
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By signing below, the Merchant named above; (1) certifies that all information in connection with this application, including any and all other supporting documents submitted by Merchant are true and accurate; and (2) authorizes CardReady International, inc. ("CardReady") and KeyBank ("Bank") to; (i) verify any and all information provided by Merchant, including business information, ownership information, and/or trade references; and (ii) run credit reports on all owner's, principal's, officer's, and/or guarantor's stated on this application at any time while Merchant is processing with CardReady and Bank; and (iii) authorizes its banking relationships listed above to furnish all information to our bank account activities, as requested by CardReady and Bank at any time while **Merchant Card Processing Service Agreement ("Agreement")** remains in effect. Merchant further agrees to hold banking relationships harmless from any liability as to the use of banking information by CardReady and Bank; and **(3) acknowledges receipt of the Agreement, and agrees to and will abide by the terms and conditions set forth in the Agreement;** and (4) acknowledges and authorizes CardReady and Bank's use of authorized independent sales agents to provide CardReady and Bank's processing services to Merchant.

The undersigned (jointly and severally if more than one) guarantees to CardReady International and Bank the performance of this Agreement and any addendum thereto by Merchant, including payment of all sums due and owing and any attorneys fees and cost associated with enforcement of the terms thereof. CardReady International and Bank shall not be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guaranty and shall not be discharged or affected by the death of the undersigned, shall bind the heirs, administrators, representatives and assigns and may be enforced by the benefit of any successor to CardReady and Bank. The term of this guaranty shall be for the duration of the Agreement and any addendum thereto and shall guarantee all obligations which may arise or accrue during the term thereof or through additional time required for enforcement subsequent to any termination.

Merchant/Guarantor Signature _____ Print Name _____ Date _____

Merchant/Guarantor Signature _____ Print Name _____ Date _____

Corporate Resolution

The officer(s) identified have the authority to execute the Agreement with CardReady and the Bank on behalf of the corporation.

Sign _____ President or Secretary

Print Name _____ Date _____

Year Incorporated _____ State Incorporated _____

Personal Checking Account Declaration

Merchant hereby declares that the above referenced checking account listed under Banking Information is being used for business purposes exclusively for this business.

Sign _____

Print Name _____ Date _____

Merchant MOTO/Internet and Keyed Transactions

Your Customer Service Phone # _____

Do you use a fulfillment center to handle your sales activities? Yes No If yes, Name _____ Phone _____

Services performed by fulfillment center: Inventory Warehousing Order Taking Card Processing Shipping of Products

Who supplies your products and/or services? _____

Do you stock inventory at your place of business? Yes No If No, where? _____

How do you solicit or advertise your products and/or services? Yellow Pages Direct Mail Newspaper Magazine Television Radio Catalog

Telemarketing Referral Other (please explain) _____

How long after a sale does it take to ship your products? _____ What is your return policy? _____

If more space is required, check here _____ and attach addendum

Additional Terms and Conditions - Amendment to Merchant Agreement

CardReady, Bank, and Merchant hereby agree to amend Agreement under the following terms and conditions listed below: _____

If more space is required, check here _____ and attach amendment

_____ Seasonal Active Months (four minimum) 1 2 3 4 5 6 7 8 9 10 11 12 (circle)

Approved and Accepted: CardReady International _____ Date _____

KeyBank National Association: _____ Date _____