



MERCHANT APPLICATION AND AGREEMENT INSTRUCTIONS

PLEASE FOLLOW THESE INSTRUCTIONS IN COMPLETING THE APPLICATION:

Complete ALL sections of the seven (7) page Application for Merchant Card Processing

- Ensure that the agreement section on page 4 of the application is signed by an authorized individual.
- Ensure that the guarantor section on page 4 is signed by the **majority** owner(s) of the business. If the company is owned 50% by 2 owners have both owners sign the guarantor section. (Non-profit organizations are not required to sign the guarantor section.)
- Ensure that Patriot Act Notification and Disclosure section is signed on page 6 by an authorized individual.
- Ensure that Visa Disclosure Page on page 7 is signed by an authorized individual.

Additional items / information we will need to accompany the application forms:

- A copy of your company's advertising. **i.e.:** product brochures, direct mail piece, yellow page ad, advertising on the web, product sample, infomercial, etc.
- A copy of the telemarketing script, if you are selling an ingestible or cosmetic product and/or you are taking continuity orders
- A copy of your company's return policy. (If this is not stated in your advertising literature, please submit the return policy on company letterhead).
- A copy of your business financials (income statement and balance sheet and any accompanying notes) for the previous year's end and most recent YTD.
- Copies of six months of your most recent merchant statements, if you have previously processed.
- A copy of a voided check from the account you wish to set up with this merchant account that has your business name and address commercially printed on it. No starter checks will be accepted. If you do not have your checks, please have your bank send or fax to us your account and routing numbers.

If you wish to accept echeck or ACH transactions:

- 1) Complete ALL sections of the **Electronic Check – Automated Clearing House (ACH) Agreement** and sign.
- 2) Sign page 3 of the **Schedule A: Electronic Check – ACH Agreement Terms And Conditions**
- 3) Complete and sign the **Schedule B: Business Questionnaire**

Mail or fax the completed application(s) and documentation to:

TransFirst ePayment Services
Attn: Sales Dept.
12120 Shamrock Plaza Suite 100
Omaha, NE 68154
Fax: 402-637-0366

Please send ALL required documentation. Any missing information will delay the approval of your account. Account approval and set up generally takes 3-7 business days upon receipt of the completed application.

A Site Inspection and Report is required of the merchant premises. Also, if a merchant utilizes either an outside telemarketing agency or fulfillment center, a site inspection of these facilities may be required.

If you have any questions, please call 888-541-9800 or email us at epaysales@transfirst.com

TRANSFIRST EPAYMENT SERVICES, INC.
12120 SHAMROCK PLAZA, SUITE 100, OMAHA, NE 68154
888-541-9800

COLUMBUS BANK AND TRUST COMPANY (Merchant Bank)
1125 First Avenue, Columbus, GA 31901
706-649-4900

APPLICATION FOR MERCHANT CARD PROCESSING
Card-Not-Present: Mail / Telephone / eCommerce Order

TSYS Checklist

STW Short Name: _____ Assoc #: _____ Agency #: _____ Division: _____

Sales Rep Name _____ Sales Rep Code: _____ Branch # (if applicable) _____

Business Information

Legal Business Name		DBA Name	
Legal Address		DBA Address (Physical location, no PO Boxes)	
City	State	ZIP	City State ZIP
Legal Phone Number () - ()	Legal FAX Number () - ()	DBA Phone Number () - ()	DBA FAX Number () - ()
Email address for Notices:		Website address www.	
Preferred Address for: Statements? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address Chargebacks? <input type="checkbox"/> Legal Address <input type="checkbox"/> DBA Address <input type="checkbox"/> Dedicated FAX Contact Name: _____ Phone: _____		Federal Tax ID ____ / _____	Length Owned? ____ Years ____ Months
Seasonal Business? If yes, indicate by "X" the months that are ACTIVE. Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, filing date? _____ Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, filing date? _____	
Type of Ownership: <input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Ltd Partnership If Corporation: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit or <input type="checkbox"/> Other		CNP Transaction / Business Information: <input type="checkbox"/> Business to Business \$ Vol. _____% <input type="checkbox"/> Internet \$ Vol. _____% <input type="checkbox"/> MOTO \$ Vol. _____% MCC / SIC _____ Customer Service Phone: _____	
Description of Products or Services Sold:			

Owner and or Officer Information

NOTE: ONLY INCLUDE SOCIAL SECURITY NUMBERS IF THE MERCHANT IS A PROPRIETORSHIP OR PARTNERSHIP AND YOU ARE AN OWNER OR GENERAL PARTNER, OR IF YOU ARE A GUARANTOR OF THE MERCHANT'S OBLIGATIONS UNDER THE MERCHANT AGREEMENT – TEXAS RESIDENTS – BANK'S PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.TRANSFIRST.NET. NOT REQUIRED FOR PUBLIC CORPORATION OR 501(c)(3) NON PROFIT CORPORATION

Name of Principal and Title	Percent Owned	Social Security #	Residential Address, City, State, Zip	Residential Phone Number
	%	- -		
	%	- -		

Processing Information

Have you ever accepted credit cards before? Yes No If Yes, what is the Processor's name? _____
 Please provide the most recent 6 months of credit card processing statements.

Number of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

Do you deposit card receivables prior to goods being shipped? Yes No
 If No, do you deposit card receivables on or after the shipping date? On After
 If you deposit prior to shipping date, how many days prior? 0-2 days 3-30 days 31-60 days 60-90 days Over 90 days

How do you advertise? (check all that apply) Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail
 Other, please explain: _____

Please supply copies of advertising, including catalogs and brochures.
 Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www. X .com. .net .org, etc.) on each page.

Percent of Current Card Not Present Credit Card Processing Terminal manually keyed (Card Not Present / without imprints) _____% Touch Tone entered (Card Not Present / without imprints) _____% Mail Order (Card Not Present) _____% Telephone Order (Card Not Present) _____% eCommerce Order (Internet - Card Not Present) _____%	Must = 100%	Average Visa / MC / DISC Transaction Amount \$ _____	Total Annual Visa / MC / DISC Sales Amount \$ _____
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Do you use a third party Telemarketing Co? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Phone: _____ Email: _____ Fax: _____	Do you use a third party Fulfillment House? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Phone: _____ Email: _____ Fax: _____	Payment Types Offered (Check all that apply): <input type="checkbox"/> Single Payments <input type="checkbox"/> Installment Payments <input type="checkbox"/> Continuity Payments <input type="checkbox"/> Drop Ship Orders <input type="checkbox"/> eCheck (Electronic Check) <input type="checkbox"/> ACH <input type="checkbox"/> Other: _____
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Merchant initials _____

Card Types Accepted? Select all that apply. All Visa & MC Cards Visa / MC Credit Cards & Business Cards only Visa / MC Debit cards only
 American Express (AMEX)* Discover Network Cards* Diners/Carte Blanche* JCB* Purchasing Cards Corporate Cards

*Processing Services for these card types are provided by the card brand. Neither Merchant Bank nor Processor have any responsibility or liability therefor.

Merchant Descriptor Name to Appear on Cardholder Statement - Not more than 25 Characters, please:

Qualified CNP Processing Method: Select one EDC Card Not Present (CNP) Touch Tone Capture Key Enter Other: _____

Existing Discover Network # _____ I do not wish to apply for Discover Network Cards
 Reason – if do not wish to apply: _____

List the names of each of your independent contractors or agents that will have access to cardholder data: (Attach separate pages if needed)

Banking Information

Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number ** (Shown on the bottom of the Check)	Phone Number
**	I: _____	I: _____ II: _____	
	I: _____	I: _____ II: _____	

****AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank is authorized to initiate or transmit automatic debit and / or credit entries and / or check entries to the account identified in the **attached voided check** relating to the above account (***) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

Please mark one box indicating the type of account to be used for ACH entries: Checking acct Savings acct Bank GL acct

Trade References

Trade Name	Account Number	Product Sold	Phone Number

Summary of Fees

Fee Category All V / MC / DISC Cards	Discount Rate	Transaction Fee (Authorization)	Item Fee (Settlement)	Application Fee: \$ _____	Monthly Minimum Fee: \$ _____
Qualified Rate: MOTO & Std. eCommerce	_____ %	\$ _____	\$ _____	Monthly Statement Fee: \$ _____	Voice Auth / ARU Trans Fee \$0.95
Non-Qualified Surcharge: MOTO & Std. eCommerce	_____ %	\$ _____	\$ _____	Chargeback Fee: \$ _____	ACH Return Fee \$25.00
Qualified Rate: "Other"	_____ %	\$ _____	\$ _____	DIRECT ANY QUESTIONS REGARDING THE FEES DESCRIBED HEREIN TO YOUR TRANSFIRST EPAYMENT SERVICES, INC. SALES REPRESENTATIVE	
Non-Qualified Surcharge: "Other"	_____ %	\$ _____	\$ _____		

Processing Method*	<input type="checkbox"/> eBatch Mo. Maint. Fee \$ _____	<input type="checkbox"/> eLink Monthly Fee \$ _____	<input type="checkbox"/> eTerm Monthly Fee \$ _____	<input type="checkbox"/> Other/Fees: _____ / _____
Value Added Product Features*	<input type="checkbox"/> Managed Services Transaction Fee \$ _____	<input type="checkbox"/> Response Code Monitoring Transaction Fee \$ _____	<input type="checkbox"/> Sub Account Management Transaction Fee \$ _____	<input type="checkbox"/> Other/Fees: _____ / _____

*These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no responsibility or liability therefor.

Other TransFirst Peripheral Hardware/Software Description (FOR TRANSFIRST INTERNAL COMPLETION):

Of your Internet purchases, what percentage is processed of the total volume in a batch mode (typically at the end of the day) versus online, real time processing of single transactions? Batch _____ % Real Time _____ %

Do you currently use Verified-by-Visa and/or MasterCard SecureCode? Select one: Verified by Visa MC SecureCode Both No / Neither
 If Verified-by-Visa or SecureCode are used, please provide the Service Provider's name: _____

Electronic Commerce Merchants – Please provide the following information regarding any digital certificates which have been issued for your web site(s):
 Name of the issuer of the digital certificates: _____ Digital certificate number(s): _____
 Digital certificate expiration date(s): _____ Ownership status of your digital certificate: Individual or Shared
 Digital Certificate information is either unknown or unavailable at this time:

Other 3rd Party and/or Proprietary Products (e.g. payment gateway software) / Fees (if applicable) from TransFirst ePayment Services, Inc. re: Interface/Integration. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no responsibility or liability therefor.

<input type="checkbox"/> Product: _____ Monthly Fee \$ _____ Transaction Fee \$ _____ Mo. Maint. Fee \$ _____	<input type="checkbox"/> Product: _____ Monthly Fee \$ _____ Transaction Fee \$ _____ Mo. Maint. Fee \$ _____	<input type="checkbox"/> Product: _____ Monthly Fee \$ _____ Transaction Fee \$ _____ Mo. Maint. Fee \$ _____	<input type="checkbox"/> Other 3 rd Party / Fees: _____ _____ _____
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Merchant initials _____

<input type="checkbox"/> Existing AMEX Account Number _____		Auth/Conveyance Fee \$ _____ per Trx.	SEE BELOW IF YOU WISH TO APPLY FOR AMERICAN EXPRESS CARD ACCEPTANCE		
<input type="checkbox"/> Existing JCB Account Number _____		Auth/Conveyance Fee \$ _____ per Trx.	CONTACT JCB IF YOU WISH TO APPLY FOR JCB CARD ACCEPTANCE		
<input type="checkbox"/> APPLY FOR AMERICAN EXPRESS		AMEX Application Fee \$ _____	AMEX Mo. Flat Fee \$ _____	AMEX Per Transaction Fee \$ _____	AMEX Auth Fee _____%
AMEX Pay Frequency Select One: <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day or <input type="checkbox"/> 30 Day	Annual AMEX Sales Volume \$ _____	Average AMEX Transaction (Ticket) Amount \$ _____	Select One: <input type="checkbox"/> Monthly Gross Pay <input type="checkbox"/> Daily Gross Pay	American Express fees disclosed in this section are billed directly to the Merchant by American Express and will not be displayed on the monthly Merchant Statement.	

By signing below, Merchant represents that the information provided on the Application for Merchant Card Processing is complete and accurate. Merchant understands that the Terms and Conditions for American Express ("Terms and Conditions") will be sent to the business entity indicated above along with the welcome letter upon approval of such business entity to accept the American Express card (by American Express Travel Related Services Company, Inc. By accepting the American Express for the purchases of goods and/or services, such business entity agrees to be bound by the Terms and Conditions.

Merchant Signature _____ Date _____

THE MERCHANT UNDERSTANDS THAT A **MINIMUM RESERVE** (typically in the range of 3% TO 10% of gross sales) **MAY BE REQUIRED** AND THAT SUCH PERCENTAGES MAY VARY BASED UPON THE RISKS AS DETERMINED BY MERCHANT BANK IN ITS SOLE DISCRETION. MERCHANT WILL BE NOTIFIED OF THE ACTUAL RESERVE REQUIREMENT BY MERCHANT BANK, OR BY TRANSFIRST EPAYMENT SERVICES, INC. ON BEHALF OF MERCHANT BANK, PRIOR TO STARTUP. IN ADDITION, BANK MAY MODIFY THE RESERVE AT ANY TIME AS PROVIDED IN THE TERMS AND CONDITIONS.

Required Documents for Attachment to this Application (✓ Checklist ✓)

<input type="checkbox"/> THIS APPLICATION	<input type="checkbox"/> PREVIOUS YEAR'S END AND MOST RECENT YTD FINANCIALS
<input type="checkbox"/> REFUND POLICY	<input type="checkbox"/> PATRIOT ACT NOTIFICATION AND DISCLOSURE
<input type="checkbox"/> MOST RECENT SIX (6) MONTHS MERCHANT PROCESSING STATEMENTS	<input type="checkbox"/> COPY OF VOIDED BUSINESS CHECKING ACCOUNT CHECK
<input type="checkbox"/> COPY OF ADVERTISING/BROCHURE AND/OR PRODUCT SAMPLE	<input type="checkbox"/> NON PROFIT ORGANIZATIONS: COPY OF 501(c)(3)

FOR TRANSFIRST INTERNAL COMPLETION

Identify the type of merchant location: Shopping Center Separate Building Office Building Residence Other _____

The Merchant: Leases or rents <input type="checkbox"/> Owns <input type="checkbox"/> building premises	Landlord Name	Landlord Telephone Number ()	
Yes <input type="checkbox"/> No <input type="checkbox"/> Merchant appears to be conducting business as represented in this app. Merchant appears adequately staffed and stocked to do business. Merchant has posted business license(s).	Yes <input type="checkbox"/> No <input type="checkbox"/> I have: Taken pictures inside and outside of the premises? Confirmed the identity of the person signing the application? (Drivers License) Confirmed signor as owner and/or principal of the business? (Bus License)		
If "No" to any question above, please explain. Add any other comments:			
I, the TransFirst Representative identified below, do hereby certify that I have physically inspected the business premises of the Merchant at this address, or I have attached the Business License / Proof of Business. I also certify that all information submitted in this application is correct to the best of my knowledge.			
Inspected By/TransFirst Representative (print name)	TransFirst Representative Signature	Representative #	Date
	X		

- END OF PAGE -

Merchant initials _____

For purposes of this application, "Processor" is TransFirst ePayment Services, Inc. located at 12120 Shamrock Plaza, Suite 100, Omaha, NE 68154 and can be contacted at 888-541-9800 and "Merchant Bank" is the merchant bank named, and located at the address listed, in the top right hand portion of this application.

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes the Merchant Bank or any credit bureau or any credit reporting agency employed by Merchant Bank or any agent of Merchant Bank, to make whatever inquiries the Merchant Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks Merchant Bank whether or not a consumer report was requested, Merchant Bank will tell such person, and if Merchant Bank received a report, Merchant Bank will give such person the name and address of the agency that furnished it). Each person also authorizes the Merchant Bank to give information to others, including other creditors and credit reporting agencies, concerning the Merchant Bank experience with Merchant. The Merchant Bank may request additional information if the Merchant Bank decides that it is necessary. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF THE MERCHANT CARD PROCESSING AGREEMENT SET FORTH IN DETAIL AS IT IS PROVIDED WITH OR ATTACHED TO THIS DOCUMENT. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS.**

If Discover Network Card Acceptance is selected on the previous page, Merchant hereby requests Discover Network Card acceptance be added to this Application. Note: Discover Network Card processing services are provided by the Discover Network, Processor and their respective contractors. Merchant Bank does not provide such services and has no responsibility or liability therefore. Merchant understands that the Terms and Conditions for Discover Network Card acceptance ("Discover Network Merchant Agreement and Operating Regulations") will be sent to Merchant upon approval by Discover Financial Services, LLC for Merchant to accept the Discover Network Cards by Discover Financial Services, LLC. By accepting Discover Network Cards for the purchase of goods and/or services, Merchant agrees to be bound by the Discover Network Merchant Services Agreement and Operating Regulations. If American Express is selected on the previous page, then by signing below, Merchant represents that the information provided on the Application is complete and accurate and Merchant authorizes American Express Travel Related Services Company, Inc (American Express") to verify the information on this Application and to receive and exchange information about Merchant, including, requesting reports from consumer reporting agencies. If Merchant asks American Express whether or not a consumer report was requested, American Express will tell Merchant, and if American Express received a report, American Express will give Merchant the name and address of the agency that furnished it. Merchant understands 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 ("American Express 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, Merchant agrees to be bound by the American Express Terms and Conditions. Early Termination Fees apply; See Terms and Agreements.

Merchant(s) Signature

Guarantor(s) Signature

1) _____
Merchant Signature (Principal or Owner) Date

1) _____
Guarantor Signature Date

Print name Title

Print name (No titles)

2) _____
Merchant Signature (Principal or Owner) Date

2) _____
Guarantor Signature Date

Print name Title

Print name (No Titles)

3) _____
Merchant Signature (Principal or Owner) Date

3) _____
Guarantor Signature Date

Print name Title

Print name (No Titles)

For Internal Use Only

Accepted by **Processor** Date

Accepted by **Merchant Bank** Date

Print name Title

Print name Title

Attach Copy of Voided Check Here

PATRIOT ACT NOTIFICATION AND DISCLOSURE

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH INDIVIDUAL OR BUSINESS WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE AND/OR OTHER IDENTIFYING DOCUMENTS.

SECTION I: IF MERCHANT IS A GOVERNMENT ENTITY, CHECK BOX FOR SUPPORTING DOCUMENTATION PROVIDED
DO NOT COMPLETE SECTIONS II AND III

GOVT.

- GOVERNMENT ENTITY ARTICLES OF INCORPORATION
- GOVERNMENT ENTITY TAX DETERMINATION LETTER
- GOVERNMENT ENTITY THIRD PARTY VERIFICATION (DESCRIBE) _____

SECTION II: CHOOSE A FORM OF BUSINESS IDENTIFICATION
(MINIMUM, ONE (1) BOX MUST BE CHECKED AND COMPLETED, AND SUPPORTING DOCUMENTATION MUST BE PROVIDED)
**COMPLETE SECTION III BELOW FOR ADDITIONAL REQUIRED INFORMATION

BUSINESS VERIFICATION

BUSINESS NAME:

- GOVERNMENT ISSUED BUSINESS LICENSE
IDENTIFICATION NUMBER _____ PLACE OF ISSUANCE _____
DATE OF ISSUANCE: _____ EXPIRATION DATE: _____

- TAX RETURN
I.R.S. EMPLOYER IDENTIFICATION NUMBER _____ TYPE OF TAXES FILED _____
PLACE OF ISSUANCE: _____ DATE FILED: _____

- CORPORATE RESOLUTION
PLACE OF ISSUANCE _____ DATE FILED _____

- ARTICLES OF INCORPORATION
PLACE OF ISSUANCE _____
ARTICLES OF INCORPORATION FILE DATE : _____

- PARTNERSHIP AGREEMENT
NAME OF WHO EXECUTED PARTNERSHIP AGREEMENT _____
DATE OF PARTNERSHIP AGREEMENT _____
PLACE OF ISSUANCE _____

- BUSINESS FINANCIAL STATEMENTS
DATE: _____
TYPE: BALANCE SHEET _____ INCOME STATEMENT _____ STATEMENT OF CASH FLOWS _____
PLACE OF ISSUANCE _____

SECTION III: CHOOSE A FORM OF INDIVIDUAL IDENTIFICATION
(MINIMUM, ONE (1) BOX MUST BE CHECKED AND COMPLETED)

INDIVIDUAL NAME _____
 ADDRESS OF RESIDENCE _____
 MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) _____
 DATE OF BIRTH _____

- DRIVER'S LICENSE INFORMATION
A VALID DRIVER'S LICENSE IS REQUIRED FOR THE INFORMATION PROVIDED BELOW.
IF NO DRIVER'S LICENSE IS AVAILABLE THE INDIVIDUAL SIGNING ON BEHALF OF THE MERCHANT MUST INITIAL HERE TO INDICATE THE INDIVIDUAL DOES NOT HOLD A DRIVER'S LICENSE AND CHOOSE ANOTHER FORM OF IDENTIFICATION LISTED BELOW: INITIALS _____
DRIVER'S LICENSE IS: MORE THAN 90 DAYS OLD LESS THAN 90 DAYS OLD (CREDIT CARD INFORMATION REQUIRED)
DRIVER'S LICENSE NUMBER _____ DATE OF ISSUANCE _____
STATE OF ISSUANCE _____ EXP. DATE _____

INDIVIDUAL VERIFICATION

STATE IDENTIFICATION

STATE ID IS: MORE THAN 90 DAYS OLD LESS THAN 90 DAYS OLD

IF LESS THAN 90 DAYS OLD, CREDIT CARD INFORMATION REQUIRED

STATE ID NUMBER _____ PLACE OF ISSUANCE _____

EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____

PASSPORT
(CREDIT CARD INFORMATION REQUIRED)

PASSPORT NUMBER _____ COUNTRY OF ISSUANCE _____

EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____

MEXICAN CONSULATE ID
(CREDIT CARD INFORMATION REQUIRED)

MATRICULA ID NUMBER _____ PLACE OF ISSUANCE _____

CITY OF ISSUANCE _____ EXPIRATION DATE _____

DATE OF ISSUANCE (IF AVAILABLE) _____

MILITARY ID
(CREDIT CARD INFORMATION REQUIRED)

SOCIAL SECURITY NUMBER _____ PLACE OF ISSUANCE _____

EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____

RESIDENT ALIEN ID
(CREDIT CARD INFORMATION REQUIRED)

RESIDENT ALIEN ID NUMBER _____ PLACE OF ISSUANCE _____

EXPIRATION DATE _____ DATE OF ISSUANCE (IF AVAILABLE) _____

CREDIT CARD INFORMATION
(WHEN REQUIRED)

TYPE OF CARD _____ NAME OF CARD ISSUER _____

FIRST FOUR DIGITS OF CREDIT CARD NUMBER _____ EXPIRATION DATE _____

DATE OF ISSUANCE (IF AVAILABLE) _____

NAME AND TITLE (PLEASE PRINT)

MERCHANT SIGNATURE*

DATE

TRANSFIRST REPRESENTATIVE NAME (PLEASE PRINT)

X _____
TRANSFIRST REPRESENTATIVE SIGNATURE*

DATE

X _____

* BY SIGNING ABOVE, YOU HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION LISTED HEREIN IS TRUE AND CORRECT AND WAS PERSONALLY OBSERVED ON THE INDICATED DOCUMENT.

VISA DISCLOSURE PAGE

Acquirer Name: Columbus Bank and Trust Company
Acquirer Address: 1125 First Avenue
Columbus, GA 31901
Acquirer Phone: 706-649-4900

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signer) to the Merchant Agreement.
3. The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply.
4. The Visa Member is responsible for and must provide settlement funds to the Merchant.
5. The Visa Member is responsible for all funds held in reserve that are derived from settlement.

Merchant Information

Merchant Name: _____ Merchant Phone: _____

Merchant Address: _____

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with Visa Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature

Merchant's Signature

Date

Merchant's Printed Name

Title