



Pelican Station Office  
(p) 435.725.3400 (f) 888.829.5386

# Merchant Account Application

03/2011.1

| OFFICE USE    |                 |
|---------------|-----------------|
| Sales Partner | Date Submitted  |
| MCC           | Merchant Number |

| BUSINESS INFORMATION   |       |  |                                 |
|--|-------|--|---------------------------------|
| Legal Business Name  |       | Business Tax ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN |                                 |
| Doing Business As (if different) (displayed on the cardholder statement)   |       | Time in Business   |                                 |
| Legal Business Address   |       |  |                                 |
| City   | State | ZIP  |                                 |
| Mailing Address (if different)   |       |  |                                 |
| City   | State | ZIP  |                                 |
| Website URL  |       |  |                                 |
| Customer Service Phone Number  |       | Customer Service Email Address   |                                 |
| Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Private |       |  | <input type="checkbox"/> Public |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government   |       |  |                                 |

| OWNER INFORMATION (if private ownership)  |                           |                      |  |
|---|---------------------------|----------------------|--|
| Owner Legal Given Names (First and Middle)  |                           | Surname (Last Name)  |  |
| Ownership Percentage %  | Job Title (if applicable) |                      |  |
| Home Address <input type="checkbox"/> Own <input type="checkbox"/> Rent                     |                           |                      |  |
| City  | State                     | ZIP                  |  |
| Driver License Number   |                           | Driver License State |  |
| Social Security Number  |                           | Date of Birth        |  |
| If the ownership interest above is less than 51%, a second owner's information is required. |                           |                      |  |
| Owner Legal Given Names (First and Middle)  |                           | Surname (Last Name)  |  |
| Ownership Percentage %  | Job Title (if applicable) |                      |  |
| Home Address <input type="checkbox"/> Own <input type="checkbox"/> Rent                     |                           |                      |  |
| City  | State                     | ZIP                  |  |
| Driver License Number   |                           | Driver License State |  |
| Social Security Number  |                           | Date of Birth        |  |

| PROCESSING INFORMATION  |                               |                               |
|---|-------------------------------|-------------------------------|
| Which payment products would you like to accept? (check all that apply)<br><input type="checkbox"/> Visa/MC/Discover/Diners/JCB <input type="checkbox"/> Amex <input type="checkbox"/> PIN Debit <input type="checkbox"/> EBT |                               |                               |
| Anticipated Monthly Volume \$   | Highest Transaction Amount \$ | Average Transaction Amount \$ |
| Has the business accepted credit cards previously? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                               |                               |
| American Express Merchant (SE) Number (if any)  |                               | EBT FNS Number (if any)       |

| PRODUCT INFORMATION  |              |                                       |         |
|--|--------------|---------------------------------------|---------|
| Description of Product or Service  |              |                                       |         |
| Sales Profile (estimate the percentage of sales in each category - must add up to 100%)  |              |                                       |         |
| Retail (face-to-face) %  | Ecommerce %  | Mail/Telephone %                      | Other % |
| Customer Profile (estimate the percentage of sales in each category - must add up to 100%)   |              |                                       |         |
| Individual Consumers %   | Businesses % | Government %                          |         |
| Do you offer time-extended services (warranties, subscriptions, memberships, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              | Duration of extended service (if any) |         |
| Description of Refund Policy (attach if more space is needed)  |              |                                       |         |
| Is a fulfillment house or drop shipper used? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |                                       |         |
| How long after charging the customer is the product fulfilled or does the service begin?<br>Within: <input type="checkbox"/> 24 hours <input type="checkbox"/> 2 days <input type="checkbox"/> 3-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 90+ days |              |                                       |         |

| CONTACT INFORMATION             |                       |
|---------------------------------|-----------------------|
| Contact Given Name (First Name) | Surname (Last Name)   |
| Contact Phone Number            | Contact Email Address |

| BILLING INFORMATION |  |
|---------------------|--|
| Name on Account     | Acct Type: <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings |
| Bank Routing Number | Bank Account Number  |
| Name on Card        |  |
| Credit Card Number  | Credit Card Expiration Date  |

| DATA SECURITY INFORMATION   |
|---|
| Are card numbers stored or transmitted on your systems? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you completed a PCI DSS Self Assessment or audit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know                                   |
| What third-party products and/or systems do you use to process credit/debit cards? Examples are Terminals, Point of Sale (POS) Systems, Order Systems, Shopping Carts, Gateways, etc. |

| BANK DISCLOSURE  |
|--|
| <b>Mission Valley Bank</b> - 9116 Sunland Blvd. Sun Valley, CA 91352 (p) 818.394.2300<br><u>Important Bank Responsibilities:</u> A Visa Member:                |
| 1. Is the only entity approved to extend acceptance of Visa products to a Merchant;  |
| 2. Must be a principal (signer) to the Merchant Agreement;   |
| 3. Is responsible for and must provide settlement funds to the Merchant; and   |
| 4. Is responsible for all funds held in reserve that are derived from settlement.  |
| 5. Is responsible for educating Merchants on pertinent Visa International Operating Regulations with which Merchants must comply;                              |
| <u>Important Merchant Responsibilities:</u>  |
| 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; and  |
| 4. Comply with Visa International Operating Regulations.   |
| The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands these responsibilities. |

**FEE SCHEDULE - MERCHANT ACCOUNT FEES**

|   | Discount | Per Trans. | Per Instance Fees         |    | Fixed Fees   |    |
|---|----------|------------|---------------------------|----|--|----|
| <input type="checkbox"/> Interchange Plus (I+)  | %        |            | Authorization Fee         | \$ | Application Fee  | \$ |
| <input type="checkbox"/> Tiered (T) Qualified:  | %        |            | Non-Bankcard Auth Fee     | \$ | Termination Fee  | \$ |
| Mid-Qualified: Qualified +  | %        | \$         | Voice Auth/ARU Fee        | \$ | Annual Fee   | \$ |
| Non-Qualified: Qualified +  | %        | \$         | Electronic AVS Fee        | \$ | Account Maintenance Monthly Fee  | \$ |
| Sig. Debit Qualified <input type="checkbox"/> I+/T  | %        |            | Batch Fee                 | \$ | Monthly Minimum  | \$ |
| PIN Debit <input type="checkbox"/> I+/T Qual <input type="checkbox"/> +   | %        | \$         | Chargeback/ACH Reject Fee | \$ | <input type="checkbox"/> Online Access Monthly Fee                                   | \$ |
| EBT <input type="checkbox"/> I+/T Qual <input type="checkbox"/> +   | %        | \$         | Bank Account Change Fee   | \$ | PCI Maintenance Fee <input type="checkbox"/> Annual <input type="checkbox"/> Monthly | \$ |
| American Express  | %        | \$         | Other:                    | \$ | PCI Monthly Non-Validation Fee   | \$ |
| All other Card Brand & network fees - such as interchange (if I+), dues and assessments, access fees (APF, NABU, and Network Usage), etc. - are passed through at the rates established by the Card Brands. |          |            |                           |    | Other:   | \$ |
|   |          |            |                           |    | Other:   | \$ |

**FEE SCHEDULE - OTHER SERVICE FEES**

|                                |                                   |   |           |    |             |    |               |    |
|--------------------------------|-----------------------------------|---|-----------|----|-------------|----|---------------|----|
| <input type="checkbox"/> Cart: | <input type="checkbox"/> Gateway: | <input type="checkbox"/> Wireless <input type="checkbox"/> Other: | Setup Fee | \$ | Monthly Fee | \$ | Per Auth. Fee | \$ |
| <input type="checkbox"/> Cart: | <input type="checkbox"/> Gateway: | <input type="checkbox"/> Wireless <input type="checkbox"/> Other: | Setup Fee | \$ | Monthly Fee | \$ | Per Auth. Fee | \$ |

**FEE SCHEDULE - EQUIPMENT FEES**

| Equipment  | Manufacturer/Model |  | Quantity  | Price/Unit   | Subtotal |
|--|--------------------|--|---|--|----------|
| Terminal ( <input type="checkbox"/> Dial-up <input type="checkbox"/> IP <input type="checkbox"/> Wireless) |                    |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| Pin Pad  |                    |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| Point of Sale (POS) System   | Version #:         |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| <input type="checkbox"/> Other:  |                    |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| <input type="checkbox"/> Other:  |                    |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| <input type="checkbox"/> Other:  |                    |  | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase | \$   | \$       |
| Equipment Trade-in   |                    |  | <input type="checkbox"/> Own  | \$   | -\$      |
|  |                    |  |   | Subtotal   | \$       |
|  |                    |  |   | <input type="checkbox"/> 6.25% Utah Sales Tax (if applicable)  | \$       |
|  |                    |  |   | Method: <input type="checkbox"/> Ground <input type="checkbox"/> 2-Day <input type="checkbox"/> Next Day | Shipping |
|  |                    |  |   | Equipment Total  | \$       |

**AGREEMENT TERM**

Months

**MERCHANT APPLICATION AND AGREEMENT SIGNATURES**

(03/2011.0)

By their execution hereof, the undersigned individual(s) hereby acknowledge(s) the receipt and agree(s) to the Merchant Agreement Terms & Conditions and Merchant certifies the same. Merchant warrants that the information provided herein is complete and accurate. As needed for the services, Merchant authorizes Select Bankcard and MVB to disclose information herein to third parties. Merchant, and its signing individual(s), authorize Select Bankcard and MVB to make, from time to time, business and personal credit inquiries. **In witness hereof, the parties hereto have caused this agreement to be executed by their duly authorized representatives effective on the dates indicated.**

*For new American Express acceptors:*

*By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Select Bankcard, Mission Valley Bank, and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct Select Bankcard, Mission Valley Bank, and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be sent the Agreement and materials welcoming it to American Express's Card acceptance program. In addition, by signing this form, you authorize American Express Company to send you account information & exclusive offers and savings for your business via the information that you have provided, which includes your business e-mail address. For information on how we use your information and protect your privacy, please visit us at [www.americanexpress.com/privacy](http://www.americanexpress.com/privacy).*

|                           |      |      |                             |      |      |
|---------------------------|------|------|-----------------------------|------|------|
| Officer/Owner Signature   | Name | Date | 2nd Officer/Owner Signature | Name | Date |
| Select Bankcard Signature | Name | Date | MVB Signature               | Name | Date |

**PERSONAL GUARANTY SIGNATURES**

I/We (the "Guarantor(s)") hereby guarantee to Select Bankcard and MVB, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Merchant Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Agreement, whether arising before or after termination of the Agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Merchant Agreement made by or agreed to by any of the parties. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment, or nonperformance of any provision of the Merchant Agreement by Merchant by all other notices or demands regarding the Merchant Agreement. I/We agree to promptly provide to Select Bankcard and MVB any information requested by any of them from time to time concerning my/our financial condition(s), business history, and employment information. I/We have read, understand, and agree to be bound by the Merchant Agreement Terms & Conditions provided to Merchant.

|                         |      |      |                             |      |      |
|-------------------------|------|------|-----------------------------|------|------|
| Officer/Owner Signature | Name | Date | 2nd Officer/Owner Signature | Name | Date |
|-------------------------|------|------|-----------------------------|------|------|