



Signing Rep: \_\_\_\_\_ Sales Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 1 of 3)**  
**COMPLETE SECTIONS (1-9)**

Merchant # \_\_\_\_\_ Loc. 1 of \_\_\_\_\_

PCS2305		<b>(1) TELL US ABOUT YOUR BUSINESS</b>		PCS2305
<b>Client's Business Name (Doing Business As):</b>		<b>Client's Corporate/Legal Name (Use Also For Headquarters' Information):</b>		
<b>Business Address:</b>		<b>Billing Address (If Different Than Location Address):</b>		
<b>City:</b>	<b>State</b>	<b>Zip</b>	<b>City:</b>	<b>State</b> <b>Zip</b>
<b>Location Phone #:</b>	<b>Location Fax #:</b>		<b>Contact Name:</b>	
<b>Business E-mail Address:</b>		<b>Contact Phone #:</b>	<b>Contact Fax #:</b>	
<b>Business Website Address:</b>		<b>Contact E-mail Address:</b>		
Send Retrieval Requests / Fax Type to: <input type="checkbox"/> Business Address <input type="checkbox"/> Fax #		SIC/MCC		
Statement Type: (check one) <input type="checkbox"/> Detail <input type="checkbox"/> Summary Statement Delivery Method: (check one) <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> Online <input type="checkbox"/> Print and Mail				
Billing to be processed <input type="checkbox"/> Monthly <input type="checkbox"/> Daily				

\*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category's Codes (MCC): 5966,5967, and 7841, the registration is required with Visa and/or Mastercard within 30 days from when your accounts becomes active. An Annual Registration fee of \$500 may apply for Visa and/or Mastercard (total registration fees could be \$1,000). Failure to register could result in fines in excess of \$10,000 for violating Visa and or Mastercard regulations.

1- Registration for MCC7841 is only required for Non-Face-to-face adult content, 2- Information herein, including applicable MCC's, is subject to change

<b>(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS</b>	
<b>Total Monthly Card Volume:</b>	\$ _____
<b>Estimated Average Ticket /Sales Amount:</b>	\$ _____
<b>Estimated High Ticket Amount:</b>	\$ _____

<b>(3) ENTITLEMENTS</b>	
<input type="checkbox"/> MC/ Visa/ Discover Full Processing / Amex Opt Blue (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)	
<input type="checkbox"/> Amex- Existing Direct SE # _____	<input type="checkbox"/> American Express Cap # _____ Franchise Name: _____
<input type="checkbox"/> Discover- Existing Retained SE # _____	<input type="checkbox"/> Non-Lic. JCB (EDC)- Existing Account # _____
<input type="checkbox"/> Pin Debit	<input type="checkbox"/> EBT FNS # (XREF): _____ <input type="checkbox"/> EBT Cash
<input type="checkbox"/> WEX Full Acquiring <input type="checkbox"/> WEX Non-Full Svc <input type="checkbox"/> Wex Crossroads	<input type="checkbox"/> Voyager <input type="checkbox"/> Tax exempt Voyager <input type="checkbox"/> MC Fleet <input type="checkbox"/> Fuelman ID _____

**(4) PROVIDE MORE BUSINESS DATA**

State Incorp. \_\_\_\_\_ Month/Yr. Started: \_\_\_\_\_  Sole Ownership  Partnership  Non Profit/Tax Exempt  Public Corp.  Private Corp.  L.L.C.  Gov't.

Check one: TIN Type:  EIN (Fed Tax ID #) \_\_\_\_\_  SSN \_\_\_\_\_  D&B #: \_\_\_\_\_

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)

<b>Name</b> (as it appears on your income tax form)	<b>Federal Tax ID#:</b> (as it appears on your SS 4 form)	<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)
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Mag Swipe \_\_\_\_\_ % + Keyed Manually\* \_\_\_\_\_ % = 100% \*If 50% or more is manually keyed please provide the MOTO Addendum

Product/Services You Sell: \_\_\_\_\_

Card Present (MAG Swipe and/or Manual Imprint) \_\_\_\_\_ % + Mail Order/Direct Marketing \_\_\_\_\_ % + Phone Order \_\_\_\_\_ % + Internet \_\_\_\_\_ % = 100%

Do you use any third party to store, process or transmit cardholder data?  Yes  No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)

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

**(5) DESCRIBE EQUIPMENT DETAILS**

<b>Network:</b> <input type="checkbox"/> CARDnet <input type="checkbox"/> Nashville <input type="checkbox"/> BuyPass <input type="checkbox"/> Other	Specify Security Code: ( )			
<b>QTY</b>	<b>IP</b>	<b>Equipment Type</b>	<b>Model Code and Name</b>	<b>Reprogram/ New Deployment</b>

Deployment Instructions:  To Location  Other Address: \_\_\_\_\_

Profile Type:  Retail  Petroleum  Lodging  Restaurant

Instructions:  Clerk /Server Entry  Retail With Tip  Auto Settle Time \_\_\_\_\_  Debit Cash Back \_\_\_\_\_

VAR/ Internet/ Software: Name: \_\_\_\_\_ (Nashville Only: Product ID # \_\_\_\_\_ Vendor ID # \_\_\_\_\_)

PLEASE SEND COMPLETED INFORMATION TO Petroleum Card Services  
 Phone: 866.427.7297 • FAX: 775.782.7572 • Email: Applications@pcs4fuel.com • www.pcs4fuel.com

Client Initials \_\_\_\_\_

PCS2305

**(6) PROVIDE YOUR OWNER INFORMATION**

PCS2305

Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business

<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Owner/Partner/Officer Name:</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	
<b>Controlling Position</b>	<b>D.O.B.:</b>	<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Title:</b>	<b>% of Ownership</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Owner's E-Mail Address (Required for Click to Agree)</b>	

**(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE**

<p><b>Start-Up Fees (One-Time Charge)</b></p> <p><b>Non-Taxable Fees:</b></p> <p>Application Fee (Non-Refundable) (32I) \$ _____</p> <p>Account Validation Fee (182) \$ _____ <i>(One-time fee charged at time of boarding)</i></p> <p>Reprogramming Fee (31A) \$ _____</p> <p>Debit Set-up Fee (31B) \$ _____</p> <hr/> <p><b>Billed Monthly Fees</b></p> <p>Monthly Service Fee (335) \$ _____</p> <p>Minimum Processing Fee (953) \$ _____</p> <p>Wireless Access Fee Per TID (60J) \$ _____</p> <p>Monthly ClientLine® Fee (32R) \$ _____</p> <p>eIDS Monthly Fee (29E) \$ _____</p> <p>Regulatory Product Fee (35I) \$ _____</p> <p>Monthly Statement Fee (323) \$ _____</p> <p>TIN/TFN Blank or Invalid Fee (181) \$ _____ <i>(as applicable)</i></p> <p>Merchant Supply Advantage (413) \$ _____</p> <p>Gateway Fee (417) \$ _____</p> <p>Network Access Fee – Debit (420) \$ _____</p> <p>Misc. Fee: _____ (31J) \$ _____</p> <hr/> <p><b>Enhanced Security Package</b></p> <p>Enhanced Security Pkg Monthly* ( ) \$ _____ <i>OR</i></p> <p>Enhanced Security Pkg Annual* ( ) \$ _____</p>	<p><b>Authorization and AVS Fees</b></p> <p><b>MC Auth Fee</b> (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$ _____</p> <p><b>Visa Auth Fee</b> (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ _____</p> <p><b>Discover/JCB Auth Fee</b> (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____</p> <p><b>Amex Auth Fee</b> (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ _____</p> <p><b>MC/Visa /Discover/Amex Voice AVS</b> (039, 049, 069, 079, 03A, 04A, 06A) \$ _____</p> <p><b>MC/Visa/Discover/Amex Voice Auth Fee/VRU</b> (035, 036, 037, 045, 046, 047, 065, 066, 067, 075 076, 077) \$ _____</p> <p><b>AVS Fee</b> (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ _____</p> <hr/> <p><b>Fleet Card Fees</b></p> <p><b>Authorization Fees</b></p> <p>Voyager (0D0, 0D1, 0DV) \$ _____</p> <p>WEX (0D4, 0B1, 0BV) \$ _____</p> <p>Fuelman (0B3) \$ _____</p> <p><b>Other Payment Fees:</b></p> <p><b>Voyager</b></p> <p>Sales Discount Fee (766) _____ %</p> <p><b>Wright Express</b></p> <p>Sales Discount Fee (840, 841, 842, 843) _____ %</p> <p>Retrieval Fee (29I) \$ _____</p> <p>Chargeback Fee (29H) \$ _____</p> <p><b>Datawire Micronode</b></p> <p>1400 Monthly Fee (each) (354) \$ _____</p>	<p><b>Other Fees</b></p> <p>Early Termination Fee \$ _____</p> <p>Annual Membership Fee (294) \$ _____</p> <p>Chargeback Fee (205, 725, 20L) \$ _____</p> <p>Retrieval Fee (262) \$ _____</p> <p>C'back/ Rtval Rcv'd Mail (25F-I, 25B,-E) \$ _____</p> <p>C'back/ Rtval Sent Mail (25N-Q,25J-M) \$ _____</p> <p>Batch Settlement Fee (227) \$ _____</p> <p>EBT Purchase/ Return/Decline (029,20Y, 02X) \$ _____</p> <p>Visa/ MC/ Disc Access Fee (241,197,526) \$ _____</p> <p>Amex Access Fee (26E) _____ %</p> <p>Visa Ntwk Acq Proc Fee US Cr (04H) \$ _____</p> <p>Visa Ntwk Acq Proc Fee US DB/PP (04J) \$ _____</p> <p>NABU Fee (60M, 0B4) \$ _____</p> <p>ACH Reject Fee (401) \$ _____</p> <p>Non Return of Equipment Fee \$ _____</p> <hr/> <p><b>Product Fees</b></p> <p>TranArmor Monthly Fee (30L) \$ _____</p> <p>TranArmor Txn Fee (12E) \$ _____</p> <p>Mobile Pay Monthly Fee (472) \$ _____</p> <p>Mobile Pay Trans Fee (434) \$ _____</p> <p>Payeezy Set-up Fee Per TID (40B) \$ _____</p> <p>Payeezy Monthly Fee Per TID (40A) \$ _____</p> <p>Payeezy Transaction Fee (OFC) \$ _____</p> <p>**Visa/MC CCIS Enrollment <input type="checkbox"/> (63V, 63M) _____ %</p> <p>Other ( ) _____</p>
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Interchange fees will be passed through if applicable: MC Acq, CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq, Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq, Base II Credit voucher fee credit , Debit, Svc Interreg Fee Debit, Svc Interreg Fee Debit, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual prmts product; Discover Int'l Proc Fee, Int'l Svc Fee, Data Usq Fee.

\*\*Commercial Card Interchange Service ("CCIS"): With CCIS, when transactions don't include any tax information, your sales tax will be computed based on the applicable rate at your location to allow you to obtain the best interchange. When the sales tax is computed on your behalf under CCIS, we will retain 50% of the interchange savings. If a transaction is fully or partially exempt, you should enter the tax amount (even if that amount is \$0.00) as CCIS applies your local tax rate to the full amount of the transaction when the prompt is bypassed.

**Pass Through Interchange - Includes Dues and Assessments.** You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .13%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .15%. American Express has Program Pricing and not Interchange and are subject to change.

		Discount <i>(Based on Gross Sales Vol.)</i>		Discount <i>(Based on Gross Sales Vol.)</i>		Discount <i>(Based on Gross Sales Vol.)</i>	Discount <i>(Based on Gross Sales Vol.)</i>	
<b>Sales Credit &amp; Non-PIN Debit Transaction Fee \$</b> (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)								
<b>American Express Sales Credit Transaction Fee \$</b> (013, 014)	<b>MC Qual Credit (800)</b>	_____ %	<b>Visa Qual Credit (804)</b>	_____ %	<b>Discover Qual Credit (170)</b>	_____ %	<b>American Express Qual Credit (164)</b>	_____ %
	<b>MC Qual Non Pin Debit (850)</b>	_____ %	<b>Visa Qual Non-Pin Debit (854)</b>	_____ %	<b>Discover Qual Non-Pin Debit (964)</b>	_____ %	<b>American Express Program Cost (3AL)</b>	_____ %

<b>Unbundled PIN Debit- Txn Fee</b> (018) \$ _____	<b>Unbundled PIN Debit Discount Fee</b> (Key 190) _____ % <i>(plus the applicable network fees)</i>	<b>PIN Debit Decline Transaction Fee</b> (42R) \$ _____
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Client Initials \_\_\_\_\_





**Mail / Telephone Order / Business to Business / Internet / eCommerce**

Please answer all the questions below.

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

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 bankcard sales represent business to business (*vs business to consumer*):

Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = 100% (bankcard 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 /Discover sales are deposited (check one):  Date of order  Date of delivery  Other: \_\_\_\_\_

5. Who performs product / service fulfillment?  Direct  Vendor  Other If vendor, add

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



# Service Agreement

MERCHANT INFORMATION			
Legal Name			
Doing Business As (DBA)			
Federal Tax ID #			
Main Phone #			
Fax #			
Customer Service Phone #			
Physical Address	Street		
	City	State	Zip
	MCC		
Administrator Name			
Administrator Phone #			
Administrator Email Address			
Website Address			
Business Structure	<input type="checkbox"/> Sole Prop.	<input type="checkbox"/> Partnership	<input type="checkbox"/> S Corp
	<input type="checkbox"/> Corp	<input type="checkbox"/> Government	<input type="checkbox"/> LLP
	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Corp: _____ (symbol)	<input type="checkbox"/> LLC
Description of Product Sold/Service			
Software Provider			
OWNER / OFFICER			
Owner Full Name			
Title			
BANKING INFORMATION			
Financial Institution			
Checking Account #			
Transit Routing #			
PRICING INFORMATION			
Monthly Fee	\$		
Transaction Fee	\$		
MERCHANT ACCEPTANCE			
By Signing below, I have read and agreed to the FORTIS PAYMENT SYSTEMS LLC HOSTED SERVICE & ACH PROCESSING SERVICE AGREEMENT, located at <a href="http://www.zeamster.com/terms201603/">http://www.zeamster.com/terms201603/</a>			
Owner Name	Signature	Date	
ACCEPTED BY OLU Technology Solutions, LLC			
Signature	Print	Title	Date



# Long-Term Equipment Loan Agreement

This document is a written agreement and addendum to Fortis Payments Merchant Processing Agreement and binds the undersigned Merchant and Fortis Payments to the following terms.

Fortis Payments will provide Merchant (DBA here) loan equipment: \_\_\_\_\_ with the following

Make / Model \_\_\_\_\_

Make / Model \_\_\_\_\_

Make / Model \_\_\_\_\_

I understand that as long as I am processing electronic payments through my merchant account with Fortis Payments I may use the equipment listed above at no cost to me, except as regards consumable items such as paper, ribbons or the like, which are my sole responsibility to replace.

I understand that if I cancel my merchant account with Fortis Payments, I must return the above equipment (using a Return Authorization provided by Fortis Payments) within 15 calendar days of my notice of cancellation in good, clean, operational condition along with all original parts, or I will owe Fortis Payments the retail price of the equipment as then determined by Fortis Payments, for which I agree my bank account will be debited.

I understand that I do not own the above equipment, but that it is my continuing responsibility to keep it maintained in good condition, clean and free from abuse, and to keep it continuously connected to a suitable surge protector. If my equipment fails in the first year after date of shipment due to causes covered by the manufacturer or supplier warranty, Fortis Payments will (at its sole option) repair or replace the equipment free of charge. After said first year, I understand it is my sole responsibility to have the equipment repaired or replaced at my expense. I agree to pay all shipping and handling costs necessary under this agreement.

This agreement must be signed by the owner of the merchant account (the same individual whose Authorized Signature appears on the Merchant Account Application) and must be approved by Fortis Payments management before the equipment will be shipped.

Agreed to on \_\_\_\_\_ by \_\_\_\_\_, \_\_\_\_\_ of  
**Date Print Principal Signer's Name Title**

\_\_\_\_\_, Account Number \_\_\_\_\_  
**Merchant DBA Name Merchant ID**

Signed: \_\_\_\_\_  
**Full Signature of Principal as on Merchant Account Application**

Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_