



Type of Account (Check one):

- Direct Account
- Agent Bank Account
- Bank Referral, new relationship

Control Number

Name of Bank: _____

Branch: _____

Merchant Application

Business Information

Merchant's DBA Name/Outlet Name:	Merchant's Legal Name:
Physical Street Address (No P.O. Box):	Legal Address:
City, State, Zip:	City, State, Zip:
DBA Phone: _____ Fax: _____	Corp. Phone: _____ Fax: _____
Contact Name at this Address: _____ E-mail: _____	Contact Name at this Address: _____ E-mail: _____
Customer Service Phone # (Required for MOTO and Internet merchants only):	Website Address (Required for Internet merchants):

Merchant Profile

Type of Ownership: Sole Proprietorship Partnership LLC
 Professional Assoc. Corporation Tax Exempt Org. (501C)
 Other: _____

Type or Goods or Services Sold: _____ SIC Code: _____

Years in business under current ownership? _____ Federal Tax ID # _____

Visa/MasterCard/Discover Information

Market Type: <input type="checkbox"/> Retail <input type="checkbox"/> Supermarket <input type="checkbox"/> Restaurant <input type="checkbox"/> Emerging Mkt <input type="checkbox"/> Lodging <input type="checkbox"/> Public Sector <input type="checkbox"/> MO/TO <input type="checkbox"/> Auto Rental <input type="checkbox"/> P - Card <input type="checkbox"/> Cash Adv. <input type="checkbox"/> E-Commerce <input type="checkbox"/> Other	Sales Profile (Must equal 100%)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Card Swiped</td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>Manually Keyed with imprint</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Mail Order / Telephone/Internet</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">100%</td> </tr> </table>	Card Swiped	%	Manually Keyed with imprint	%	Mail Order / Telephone/Internet	%	Total	100%
Card Swiped	%								
Manually Keyed with imprint	%								
Mail Order / Telephone/Internet	%								
Total	100%								

Do you currently accept Visa/MasterCard/Discover? YES NO

Does merchant accept transactions before the customer receives product or service? YES NO

% of sales in this category? _____ How long does customer wait before product is received? _____

% of cost that is prepayment: _____ Duration of extended service or benefit (in weeks): _____

Does merchant offer warranties, dues, subscriptions, memberships or other extended services? YES NO

Annual Visa/MC/Discover Sales: \$ _____ Average Ticket: \$ _____

Total Visa/MC/Discover Sales (multiple locations only): \$ _____

Member Bank (Acquirer) Information:

HSBC Bank USA, National Association
 Merchant Support Group P. O. Box 3263
 Buffalo, New York 14240
 716-841-6360

Important Member Bank Responsibilities	Important Merchant Responsibilities
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<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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. <p>The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands these specific responsibilities.</p>
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For questions regarding Card Services, contact: Infinity Payment Systems, attn: Customer Service, 6622 Gordon Road, Ste L, Wilmington, NC 28411
or call: 1-800-706-7591

Note: Billing disputes must be forwarded, in writing, to Customer Service within 60 days of the date of the statement and/or notice.

Merchant Initials _____

Credit/Debit Card Services and Fee Schedule*

Plan Type	New	Existing	Existing Merch. No.	Discount Rate	Per Item	Additional Auth. Fees
<input type="checkbox"/> VISA Credit		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> Visa Bus. Card		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> VISA Check		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> MasterCard Credit		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> MasterCard Bus. Card		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> Debit MasterCard		<input type="checkbox"/> N/A	N/A	%	\$	\$
<input type="checkbox"/> Discover Credit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	%	\$	\$
<input type="checkbox"/> Discover Bus. Card	<input type="checkbox"/>	<input type="checkbox"/>	N/A	%	\$	\$
<input type="checkbox"/> Discover Check	<input type="checkbox"/>	<input type="checkbox"/>	N/A	%	\$	\$
<input type="checkbox"/> American Express	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$
<input type="checkbox"/> Diners Club	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$
<input type="checkbox"/> JCB	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$
<input type="checkbox"/> Debit (other than Visa or MC)	<input type="checkbox"/>	<input type="checkbox"/>		%	\$ 0.25	\$
<input type="checkbox"/> EBT	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$

Merchant FNS# _____

Cash Benefits: YES NO Daily Discount: YES NO

Surcharges:

<u>2.05%</u> Non-Qualified Retail/Restaurant	<u>2.05%</u> Non-Qualified Supermarket	<u>2.05%</u> Non-Qualified Developing Market
<u>2.05%</u> Non-Qualified Direct Market	<u>2.05%</u> Non-Qualified Purchase Card	<u>2.05%</u> Non-Qualified Lodging/Auto Rental
<u>2.05%</u> Non-Qualified TouchTone Capture	<u>0.31%</u> Qualified Visa/MC Rewards Card (Retail & Mail/Telephone Order)	
_____ Other	<u>0.40%</u> Discover Qualified Rewards	

***The foregoing discount rate, per item and authorization fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type which qualifies Merchant for the most favorable interchange rates available for such payment type. Transactions that do not qualify for the most favorable interchange rates will be subject to surcharges up to the foregoing amounts in addition to the rate quoted. See the Card Services Terms and Conditions for more information regarding non-qualifying surcharges. In addition to the per item fee, all Debit transactions include fees assessed by the applicable network organization.

Other Fees:

\$ _____ Non-Refundable Application Fee (one-time fixed fee)	\$ _____ Replacement Shipping Fee (per occurrence)
\$ _____ AMEX Application Fee	\$ _____ POS Equipment Warranty Fee - Per Piece/Set (monthly)
\$ _____ Additional Location Fee	\$ _____ Non-Global Check Authorization Fee (per occurrence)
\$ _____ Virtual Site Survey Fee	\$ _____ Touchtone Capture Set-up Fee (one-time fixed fee)
\$ _____ Annual Membership Fee	\$ _____ Global Access @dvantage Set-up Fee
\$12.00 Monthly Fee <input type="checkbox"/> Membership <input type="checkbox"/> Statement	\$ _____ Global Access @dvantage Monthly Fee
\$25.00 Minimum Monthly Discount	\$20.00 Wireless Services Fee (monthly)
\$ _____ Training Fee - On-Site (one-time fixed fee)	\$50.00 Wireless Activation Fee (one-time fixed fee)
\$20.00 Chargeback Fees (per occurrence)	\$0.15 Wireless Transaction Fee (per occurrence)
\$7.50 Retrieval Fee (per occurrence)	\$ _____ Installation/Programming Fee (one-time fixed fee)
\$15.00 Non-Sufficient Funds (per occurrence)	\$ _____ Reprogramming Fee (one-time fixed fee)
\$ _____ Help Desk Fee (monthly)	\$75.00 Annual Service Fee
\$ _____ EDC AVS Fee (per occurrence)	\$ _____ Voice AVS Fee (per occurrence)
\$ _____ Voice Authorization Fee (per occurrence)	\$ _____ Internet Per Item Fee (per occurrence)
\$ _____ Internet Access Fee (monthly)	\$ _____ Internet Setup Fee (one-time fixed fee)
\$0.25 Batch/ACH Fee (per occurrence)	\$ _____ Minimum Monthly Debit
\$ _____ Other: _____	\$ _____ Other: _____

Acceptance of Merchant Application and Terms & Conditions / Merchant Authorization

Your Card Services Agreement is between Global Payments Direct, Inc. ("Global Direct"), the Merchant named above and the Member named below ("Member"). Member is a member of Visa, USA, Inc. ("Visa") and MasterCard International, Inc. ("MasterCard"); Global Direct is a registered independent sales organization of Visa, a member service provider of MasterCard and a registered acquirer for Discover Financial Services, LLC. ("Discover"). A copy of the Card Services Terms and Conditions, revision number 08/09-IPM, has been provided to you. Please sign below to signify that you have received a copy of the Card Services Terms & Conditions and that you agree to all terms and conditions contained therein. If this Merchant Application is accepted for card services, Merchant agrees to comply with the Merchant Application and the Card Services Terms & Conditions as may be modified or amended in the future. If you disagree with any Card Services Terms & Conditions, do not accept service.

IF MERCHANT SUBMITS A TRANSACTION TO GLOBAL DIRECT HEREUNDER, MERCHANT WILL BE DEEMED TO HAVE ACCEPTED THE CARD SERVICES TERMS & CONDITIONS.

By your signature below on behalf of Merchant, you certify that all information provided in this Merchant Application is true and accurate and you authorize Global Direct, and Global Direct on Member's behalf, to initiate debit entries to Merchant's checking account(s) in accordance with the Card Services Terms and Conditions. In addition by your signature below on behalf of Merchant you authorize Global Direct and/or Infinity Payment Systems to order a consumer credit report on Merchant and you.

Merchant's Signature: X _____	Name (printed): _____	Title: _____	Date: _____
Signing for Global Payments Direct, Inc.: X _____	Name (printed): _____	Title: _____	Date: _____
Signing for Member: X _____	Name (printed): _____	Name of Member (printed): HSBC Bank USA, NA	Date: _____

Merchant Initials _____

Personal Guaranty

I/We hereby guarantee to Global Direct and Member, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services 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 Card Services Agreement made by or agreed to by Global Direct, Member and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by Merchant, and all other notices or demands regarding the Card Services Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships, and employment information. I/We have read, understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application.

Signature of Guarantor (please sign below)

Name (printed):

X _____, an individual

X _____

Signature of Guarantor (please sign below)

Name (printed):

X _____, an individual

X _____

Owner/Officer Information

Name: _____ Title: _____ Date of Birth: _____ Social Security # _____ Home Phone # _____

Home Address: _____ City: _____ State: _____ Zip Code: _____ Years There: _____ Own / Rent? _____

Former Address (if less than 1 year at current address) _____ City: _____ State: _____ Zip Code: _____ Years There: _____ Own / Rent? _____

Name: _____ Title: _____ Date of Birth: _____ Social Security # _____ Home Phone # _____

Home Address: _____ City: _____ State: _____ Zip Code: _____ Years There: _____ Own / Rent? _____

Former Address (if less than 1 year at current address) _____ City: _____ State: _____ Zip Code: _____ Years There: _____ Own / Rent? _____

Bank Information (Attach Voided Check or Bank Letter):

	Routing Number	DDA/Checking Account #	Deposit	Discount	Chargebacks	Equipment	Supplies	Misc. Fees
Bank 1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank 2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Merchant Site Survey Report (To be Completed by Sales Representative)

Merchant Location: Retail Location with Store Front Office Building Residence Other: _____

Surrounding Area: Commercial Industrial Residential

Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? YES NO

If no, explain: _____

Does the Merchant use a Fulfillment House? Yes No If yes, was the Fulfillment House inspected? Yes No

The Merchant Owns Leases the business premises

Further comments by Inspector (must complete): _____

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and inspected by (print name):

Representative Name: X _____ Representative Signature: X _____ Date: _____

Sales Rep Name: _____ Sales Rep Code: _____ Sales Rep Phone Number: _____ Sales Rep e-mail Address: _____

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions.

Merchant's signature: _____ Name (printed): _____ Title: _____ Date: _____
 X _____

Merchant Initials _____

Hardware

Process method: EDC Touchtone Paper

Platform: East Central Other _____

Imprinter: Own Purchase

Purchase Price per Unit: _____

Purchase Quantity - Standard: _____

Purchase Quantity - Handheld: _____

Total Regular Plates Needed: _____

Total Amex Plates Needed: _____

Total Plastic Cards Needed: _____

Global to schedule download? YES NO

Global to train? YES NO

Own / Reprogram Purchase Lease Rental

		Individual Pricing		Combination Pricing	
Item	Quantity	Amount	# Payments	Amount	# Payments
Terminal		\$		\$	
Printer		\$		\$	
Check Reader		\$		\$	
PIN Pad		\$		\$	

Terminal Type: _____

Pinpad Type: _____

Printer Type: _____

Check Reader: _____

Terminal Application / PC Software Type: _____

Special Instructions: _____

Number of TIDs: _____ Product: _____

Term type: _____ Third Party Settlement: Terminal Host

Global PC Software: Own Purchase

If purchase, price: \$ _____ # of payments: _____

Cardholder Data Storage Compliance & Service Provider

***** PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system pass, transmit, store or receive full cardholder's data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you (merchant) must validate PCI DSS compliance. (See 1(b) below and questions 3 and 4 must be completed.) If you use a payment gateway, they must be PCI DSS compliant.*****

- Have you ever experienced an Account Data Compromise "ADC"? Yes No If yes, provide date of compromise? _____
 - Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes No
If yes, go to 1(b); If no, go to #2
 - Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? _____
 - What is the name of your Qualified Security Assessor "QSA" _____ or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
 - Date of last scan _____ Approved Scanning Vendor's name: _____
- Are you using a "dial-up" terminal or "TTC" Touch Tone Capture? Yes No
- Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Number "FCN", electronically? Yes No
 - If yes, where is card data stored? Merchant's location only Merchant's Headquarters/Corp office only Primary Service Provider Both Merchant and Service Provider(s) Other Service Provider All Apply
- What Primary Service Provider/Software Developer did you purchase your point of sale "POS" application from (ie software, gateway)? _____
 - What is the name of the Service Provider/Software Developer's application? _____ Software Version #? _____
 - Do your transactions process through any other Service Provider (ie web hosting companies, gateways, corporate office)? Yes No
 - If yes, name the other Service Provider? _____

Merchant Initials _____
Rev. 08/09-IPM