

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Client's Business Name (<i>Doing Business As</i>):				Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):			
Business Address:				Billing Address (<i>If Different Than Location Address</i>):			
City:		State:	Zip:	City:		State:	Zip:
Location Phone #:		Location Fax #:		Contact Name:			
Business E-mail or Website Address:			Cust. Svc. Phone #:	Contact Phone #:	Contact Fax # / E-mail Address:		
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location				Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location			
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)			
<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____			
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____			
Name (<i>as it appears on your income tax return</i>)			FEDERAL TAX ID # (<i>as it appears on your income tax return</i>)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (<i>If checked, please attach IRS Form W-8.</i>)		
NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See section _____ of your Program Guide for further information.)							
SIC/MCC:		Detailed Explanation of Type of Merchandise, Products or Services Sold:					

2. COMPANY HISTORY

Date Business Started:		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal							
TRADE REFERENCE 1				TRADE REFERENCE 2					
Vendor Name:				Vendor Name:					
Address:		City:	State:	Zip:	Address:		City:	State:	Zip:
Contact Name:				Contact Name:					
Contact Telephone:		Vendor Acct. #:		Contact Telephone:		Vendor Acct. #:			

3. OWNERS / PARTNERS / OFFICERS

OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: (<i>First, MI, Last</i>)			% Ownership:	Name: (<i>First, MI, Last</i>)			% Ownership:
Title:				Title:			
Home Address: (<i>No P.O. Box</i>)				Home Address: (<i>No P.O. Box</i>)			
City:		State:	Zip:	City:		State:	Zip:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:	State:		D.O.B.:	DL #:	State:	

4. SETTLEMENT INFORMATION

Deposit Bank:	Bank Contact:
Transit / ABA #:	Deposit Account #:

5. TRANSACTION INFORMATION

FINANCIAL DATA				WHERE IS SALE TRANSACTED? (<i>Must = 100%</i>)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ _____	Average MasterCard/Visa/Discover Network Ticket (<i>Estimate If Never Processed in Past</i>)	\$ _____	Store Front/Swiped	_____ %
Average YEARLY MasterCard/Visa/Discover Network Volume	\$ _____	Highest Ticket Amount	\$ _____	Internet	_____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes	High Volume Months Open: _____			Mail Order	_____ %
				Telephone Order	_____ %
				Total	100 %

6. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

Are you using a Vendor? Yes No If yes, please supply a copy of Vendor's report.

1. Zone: Business District Industrial Residential
2. Location: Mall Office Home Shopping Area
 Mixed Apartment Isolated
3. How many employees: _____
4. How many registers / Terminals: _____
5. Is proper license visible? Yes
 No, explain: _____
6. Where is the merchant name displayed at the site?
 Window Door Store Front
7. Merchant Occupies: Ground Floor Other: _____
8. # of Floors/Levels: 1 2-4 5-10 11+
9. Remaining Floor(s) Occupied by:
 Residential Commercial Combination
10. Approximate Square Footage:
 0-250 251-500 501-2,000 2,001 plus
11. Are customers required to leave a deposit?
 No Yes If Yes, % of deposit required: _____%
12. Return Policy: Full Refund Exchange Only None
13. Do you have a refund policy for MC/Visa/Discover® Network Sales?
 Yes No If yes, check one:
 Exchange Store Credit MC/Visa/Discover Network Credit
If MC/Visa/Discover Network Credit, within how many days do you submit credit transactions?
 0-3 4-7 8-14 Over 14
14. Advertising Method (Attach at least one):
 Catalog Brochure Direct Mail TV/Radio
 Internet Phone Newspaper/Journals Other
Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.
15. Your Previous Processor: _____
16. Check Reason For Leaving: Rate Service Terminated
 Other: _____

Mail / Telephone Order / Business to Business / Internet Information
(All Questions must be Answered)

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 bancard sales represent business to business (vs business to consumer):
Business to Business _____% + Business to Consumer _____% = **100%** (total 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 Network sales are deposited (check one):
 Date of order Date of delivery Other (specify): _____
5. Who performs product / service fulfillment? Direct Vendor Other If vendor, add
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary): _____
6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e. cardholder authorizes initial sale only)? Yes No

7. EQUIPMENT/THIRD PARTY INFORMATION

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

INTERNET GATEWAY: YourPay.com Other: _____ Wireless Network: _____

PC/Internet Software _____ Quantity _____ New Rent Lease Existing

Terminal Model _____ Quantity _____ New Rent Lease Existing

Printer Model _____ Quantity _____ New Rent Lease Existing

PIN Pad _____ Quantity _____ New Rent Lease Existing

LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Mos. Annual Tax Handling Fee: 10.20

Total Monthly Lease Charge: \$ _____ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Address _____	City _____	State _____	Zip _____	Attention: _____
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8. GRID INFORMATION - INTERNAL USE ONLY

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MC CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER NETWORK CREDIT MPG ID _____ <i>8-position Alpha/Numeric</i>	AUTHORIZATION GRID ID#: _____
MC DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	VISA DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	DISCOVER NETWORK DEBIT MPG ID _____ <i>8-position Alpha/Numeric</i>	
MC CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER NETWORK CREDIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	USER DEFINED GRID ID#: _____
MC DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	VISA DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	DISCOVER NETWORK DEBIT TIERED GRID ID _____ <i>8-position Alpha/Numeric (Client Use)</i>	

9. SERVICE FEE SCHEDULE

Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)

- | | | |
|--|--|---|
| MasterCard Acceptance | Visa Acceptance | Discover Network Acceptance |
| <input type="checkbox"/> Accept MC Credit transactions <i>only</i> | <input type="checkbox"/> Accept Visa Credit transactions <i>only</i> | <input type="checkbox"/> Accept Discover Network Credit transactions <i>only</i> |
| <input type="checkbox"/> Accept MC Non-PIN Debit transactions <i>only</i> | <input type="checkbox"/> Accept Visa Non-PIN Debit transactions <i>only</i> | <input type="checkbox"/> Accept Discover Network Non-PIN Debit transactions <i>only</i> |
| <input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly | See Section 1.9 of the Program Guide for details regarding limited acceptance. | |

Authorization & Capture Transaction Fees

MasterCard, Visa and Discover Network Authorization & Capture Fee: \$ _____ (Per Item)		Voice Authorization \$ _____ (Per Item)
American Express ESA/Pass Through Authorization: \$ _____ (Per Item)	JCB Authorization: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)
Other Item: \$ _____ (Per Item)	Other Item: \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)
SE #: _____	SE #: _____	ARU Fee \$ _____ (Per Item)

Miscellaneous Fees

<input type="checkbox"/> Dues & Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee (12B Letter) \$ _____ (Per Item)	Return Trans. Fee \$ _____ (Per Item)	Monthly Fees	
Sales Trans. Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)		Wireless Fee \$ _____	
EBT-Food Stamps \$ _____ (Per Item) #:		EBT-Cash Benefits \$ _____ (Per Item) #:		eMerchantView Access Fee \$ _____	
Other: _____ \$ _____	Annual Fee \$ _____	Visa Other Item Rate \$ _____	MC Other Item Rate \$ _____	Customer Service Fee \$ _____	
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Acct on File)	Pass Visa ACQ ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa International Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Access Fee \$ _____	
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Authorization Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Int'l Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplies _____ \$ _____	
Pass MC Acquirer Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC National Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: _____ \$ _____	

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	Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	VS Qual Credit	%	%
MC Qual Debit	%	%	VS Qual Debit	%	%
Discover Network Qual Credit	%	%	Discover Network Qual Debit	%	%

Pass Through Interchange - Includes Dues and Assessments
 (i.e., MC Acquirer Support Fee, MC Cross Border Fee, MC NABU Fee, Visa ACQ ISA Fee, Visa APF, Visa Zero Amount Fee, Visa Misuse of Authorization Fee, Visa Zero Floor Limit Fee)

Other Item Rate \$ _____ (per item)	Discount (Based on Gross Sales Vol.)	Other Volume Percent (Based on Net Volume)	Discount (Based on Gross Sales Vol.)
MC Qual Credit	%	MC Qual Credit	%
MC Qual Debit	%	MC Qual Debit	%
Discover Network Qual Credit	%	Discover Network Qual Credit	%

PIN Debit

<input type="checkbox"/> Pass Through Debit Network Fees	Other Item Rate \$ _____ (per item)	Other Volume Percent _____%
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TeleCheck

<input type="checkbox"/> Split Dial	<input type="checkbox"/> License #	<input type="checkbox"/> MICR	<input type="checkbox"/> Warranty	<input type="checkbox"/> ECA
SE Number _____				
TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No				
Inquiry Rate _____%				
December Risk Surcharge _____ .10 %				
Per TXN Fee \$ _____				
Monthly Minimum Fee (Per Location) \$ 25.00				
ACH Processing Fee \$ 5.00				
Client Requested Operator Call (CROC) \$ 2.50				
ECA Chargeback Fee \$ 5.00				
<i>(Only charged when entitled with TeleCheck)</i>				

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10. SIGNATURE(S)

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Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version FIT1305(ia)) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 5, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement at Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes Forward Information Technologies, Inc. ("FIT") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes FIT and BANK and their Affiliates (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

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 FIT and American Express Travel Related Services Company, Inc. ("AXP") and AXP'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 agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FIT and AXP and AXP 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 AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for FIT to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the FIT servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. 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 Agreement.

Client authorizes FIT and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping. You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FIT and Bank.

Client's Business Principal/Officer:

Signature X _____	Title _____	Print Name of Signer _____	Date _____
Signature X _____	Title _____	Print Name of Signer _____	Date _____
Signature X _____	Title _____	Print Name of Signer _____	Date _____

Personal Guarantee: The undersigned guarantees to FIT and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FIT and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FIT and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee Signature **X** _____ Print Name _____ Date _____

Personal Guarantee Signature **X** _____ Print Name _____ Date _____

Accepted By Forward Information Technologies, Inc.

Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598

Signature X _____	Signature X _____
Title _____	Title _____
Date _____	Date _____