

PREFERRED Risk Application



Merchant #: _____ Loc. _____ of _____

PREFERRED Merchants Sales Office #90001 Phone: (866)996-4932 info@worldwideoptimize.com

(1) TELL US ABOUT YOUR BUSINESS

Client's Business Name (Doing Business As): Client's Corporate/Legal Name (Use Also For Headquarter's Information):
Business Address: Billing Address (If Different Than Location Address):
City: State: Zip: City: State: Zip:
Location Phone #: Location Fax #: Contact Name:
Business E-mail Address: Contact Phone #: Contact Fax #:
Business Website Address: Contact E-mail Address:
Send Retrieval Requests / Fax Type to: [] Business Address [] Fax # SIC/MCC:

(2) MC / VISA / DISCOVER NETWORK FULL SERVICE

Your Total Cash and Credit Sales: (For All Outlets) \$ _____,000 Estimated MC/Visa Average Ticket/Sales Amount: \$ _____
Your Total Cash and Credit Sales: (For Multiple Outlets) \$ _____,000 Estimated Discover Network Average Ticket for this Outlet: \$ _____
Total Annual MC/Visa Volume: (For All Outlets) \$ _____,000 Annual MC/Visa Volume for this Outlet: (For Multiple Outlets Only) \$ _____,000
Total Annual Discover Network Vol.: (For All Outlets) \$ _____,000 Est. Discover Network Annual Sales Volume for this Outlet: (For Multiple Outlets Only) \$ _____,000

(3) ENTITLEMENTS

[x] MC/Visa [x] Discover Network Full Processing Signed Annual Check Sales Volume: \$ _____,000 Average Check Ticket: \$ _____
[] Traditional TeleCheck (20) [] ECA [] Paper Warranty [] Verification [] License # or MICR: _____
[] Voyager Fleet* or Existing Voyager Acct #: _____ Annual Voyager Vol.: \$ _____ [] MC Fleet [] Wright Express or Existing WEX Acct #: _____
*Tax exempt Voyager Cards accepted: [] Yes [] No
[] Non-Lic. JCB (EDC) _____ (Existing Account #)
[] American Express (Existing SE #) _____ or [] ESA # (New Request) Check one: [] Split Dial [] EDC
American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____
[] Debit Package 8 4 0 7 2 0 5 7 [] EBT FNS # (XREF): _____

(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 TIN ID #: _____ Mag Swipe _____ % + Keyed Manually _____ % = 100%
Product/Services You Sell: _____
POS 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: _____
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: [] (206) CARDnet® [] Nashville [] BuyPass [] Other Specify Security Code: ()
Customer-Owned Lease (check one) QTY IP Equipment Type Retail • Restaurant • MOTO/Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petr Model Code and Name For Customer-Owned Equipment Track / Version/Serial #
C L [] R Re MOTO/I L S C QSR P
C L [] R Re MOTO/I L S C QSR P
C L [] R Re MOTO/I L S C QSR P

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Wireless Provider: [] GPRS Cingular or [] Other: _____
Check one: [] Gateway Solutions [] First Data Global Gateway (FDGG) [] Dial Solutions [] VSAT*** [] Frame [] Other: _____ [] IC Verify Serial # _____
VAR/Internet/Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____)
***Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Months Annual Tax Handling Fee: \$10.20
Monthly Lease Charge for This Location: \$ _____ w/o taxes, late fees, or other charges that may apply.
See Lease Agreement for details. This is a NON-CANCELABLE lease for the full term indicated.

Client Initials _____



DBA Name: _____ Merchant #: _____ Loc. _____ of _____

(6) PROVIDE YOUR OWNER INFORMATION

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

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

<p>Start-Up Fees (One-Time Charge)</p> <p>Non-Taxable Fees:</p> <p>Application Fee (Non-Refundable) (247) \$ _____</p> <p>Reprogramming Fee (31A) \$ _____</p> <p>Debit Set-up Fee (31B) \$ _____</p> <p>Misc. Fee (31J) \$ _____</p> <p>Other: _____ () \$ _____</p> <p>Total Amount \$ _____ w/o tax</p> <hr/> <p>Billed Monthly Fees (If Applicable)</p> <p>Service Fee (329) \$ _____</p> <p>ACH Reject Fee (401) \$ _____</p> <p>Minimum Processing Fee (950) \$ _____</p> <p>Wireless Access Fee (399)</p> <table style="width:100%;"> <tr> <td>FEE PER TID</td> <td># OF TIDS</td> <td>TOTAL</td> </tr> <tr> <td>\$ _____ x _____</td> <td></td> <td>= \$ _____</td> </tr> </table> <p>ClientLine® (32R) \$ _____</p> <p>Statement Fee (323) \$ _____</p> <p>Other: _____ \$ _____</p> <p>Supplies: _____</p> <hr/> <p>Billed Annual Fees</p> <p>Compliance Service Fee (November) (32I) \$ _____</p> <p>Annual Membership Fee (294) \$ _____</p> <hr/> <p>Non-Internet Authorization Fees</p> <p>MC Non-Internet Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X, 03Y) \$ _____</p> <p>Visa Non-Internet Auth Fee (040, 041, 042, 043, 044, 04V, 04W, 04X, 04Y) \$ _____</p> <p>Discover Network Non-Internet Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X, 07Y) \$ _____</p> <p>Amex Non-Internet Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X, 06Y) \$ _____</p> <p>JCB Non-Internet Auth Fee (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____</p>	FEE PER TID	# OF TIDS	TOTAL	\$ _____ x _____		= \$ _____	<p>Internet</p> <p>Start-Up Fees</p> <p>FDGG Set-up Fee (31X)</p> <table style="width:100%;"> <tr> <td>FEE PER TID</td> <td># OF TIDS</td> <td>TOTAL</td> </tr> <tr> <td>\$ _____ x _____</td> <td></td> <td>= \$ _____</td> </tr> </table> <p>Internet Set-up Fee (30R)</p> <table style="width:100%;"> <tr> <td>FEE PER TID</td> <td># OF TIDS</td> <td>TOTAL</td> </tr> <tr> <td>\$ _____ x _____</td> <td></td> <td>= \$ _____</td> </tr> </table> <p>Billed Monthly Fees</p> <p>FDGG (31Z)</p> <table style="width:100%;"> <tr> <td>FEE PER TID</td> <td># OF TIDS</td> <td>TOTAL</td> </tr> <tr> <td>\$ _____ x _____</td> <td></td> <td>= \$ _____</td> </tr> </table> <p>Internet Service Fee (394)</p> <table style="width:100%;"> <tr> <td>FEE PER TID</td> <td># OF TIDS</td> <td>TOTAL</td> </tr> <tr> <td>\$ _____ x _____</td> <td></td> <td>= \$ _____</td> </tr> </table> <p>Internet Authorization Fees</p> <p>MC Internet Auth Fee (03R) \$ _____</p> <p>Visa Internet Auth Fee (04R) \$ _____</p> <p>Amex Internet Auth Fee (06I) \$ _____</p> <p>Discover Network Internet Auth Fee (07I) \$ _____</p> <p>JCB Internet Auth Fee (08D) \$ _____</p> <hr/> <p>BuyPass Fees</p> <p>Datavire Micronode <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Datavire Micronode 960-AS Monthly Fee (354) \$ _____ (each)</p> <p>Authorization Fees</p> <p>Voyager (0D0, 0D1, 0DV) \$ _____</p> <p>WEX (0B0, 0B1, 0BV) \$ _____</p> <p>Other Payment Fees</p> <p>Voyager:</p> <p>Sales Discount Rate (844) _____%</p> <p>Credit Discount Rate (845) _____%</p>	FEE PER TID	# OF TIDS	TOTAL	\$ _____ x _____		= \$ _____	FEE PER TID	# OF TIDS	TOTAL	\$ _____ x _____		= \$ _____	FEE PER TID	# OF TIDS	TOTAL	\$ _____ x _____		= \$ _____	FEE PER TID	# OF TIDS	TOTAL	\$ _____ x _____		= \$ _____	<p>TeleCheck</p> <p>TeleCheck Rates & Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inquiry Rate _____%</p> <p>December Risk Surcharge .10 %</p> <p>Per TXN Fee \$ _____</p> <p>Monthly Minimum Fee (Per Location) \$ 25.00</p> <p>ACH Processing Fee \$ 5.00</p> <p>Client Requested Operator Call (CROC) \$ 2.50</p> <p>ECA Chargeback Fee \$ 5.00 <i>(Only charged when entitled with TeleCheck)</i></p> <hr/> <p>Other Fees</p> <p>Early Termination Fee \$ _____</p> <p>Chargeback Fee (205, 725) \$ _____</p> <p>Retrieval Fee (262) \$ _____</p> <p>Amer. Express Sales Trans. Fee (013) \$ _____</p> <p>MC Cross Border Fee USD (605) _____%</p> <p>MC NABU Fee (60M) \$ _____</p> <p>Visa International Service Fee (22A) _____%</p> <p>MC/Visa/Discover Network Voice AVS (039, 049, 069) \$ _____</p> <p>MC/Visa/Discover Network/ Amex/JCB Voice Auth Fee (035, 045, 075, 065, 085) \$ _____</p> <p>EBT Cash (18E, 18I, 02X, 18H) \$ _____</p> <p>EBT Food Stamps (181, 02Y) \$ _____</p> <p>AVS (405, 406, 407, 408, 435) \$ _____</p> <p>Discover Network AVS (07A, 07B, 07C, 079) \$ _____</p> <p>Batch Settlement Fee (227) \$ _____</p> <p>eIDS Monthly Fee (29E) \$ _____</p> <p>Internet Access Fee (30N) \$ _____</p> <p>Wireless Comm Monthly Fee (472) \$ _____</p> <p>Network Access Fee - Debit (420) \$ _____</p> <p>Other: _____ \$ _____</p>
FEE PER TID	# OF TIDS	TOTAL																														
\$ _____ x _____		= \$ _____																														
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\$ _____ x _____		= \$ _____																														
FEE PER TID	# OF TIDS	TOTAL																														
\$ _____ x _____		= \$ _____																														

Discount Fees (Based On Gross Sales Volume)

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

- | | | |
|--|--|--|
| <p>MasterCard Acceptance</p> <p><input type="checkbox"/> Accept MC Credit transactions only</p> <p><input type="checkbox"/> Accept MC Non-PIN Debit trans. only</p> | <p>Visa Acceptance</p> <p><input type="checkbox"/> Accept Visa Credit transactions only</p> <p><input type="checkbox"/> Accept Visa Non-PIN Debit trans. only</p> | <p>Discover Network Acceptance</p> <p><input type="checkbox"/> Accept Discover Network Credit transactions only</p> <p><input type="checkbox"/> Accept Discover Network Non-PIN Debit trans. only</p> |
|--|--|--|

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See Section 18.1 of the Program Guide).

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 3 of 5)

DBA Name: _____ Pricing Type: _____ Loc. _____ of _____

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)

Tiered Pricing: (Select One)					
	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Qual Debit	(854) _____ %	(134, 135) \$ _____
MC Mid- Qualified Credit	(810) _____ %	(611, 612) \$ _____	Visa Mid- Qualified Debit	(874) _____ %	(144, 145) \$ _____
MC Non- Qualified Credit	(820) _____ %	(621, 622) \$ _____	Visa Non- Qualified Debit	(864) _____ %	(154, 155) \$ _____
MC Qualified Debit	(850) _____ %	(130, 131) \$ _____	Discover Network Qual Credit	(170) _____ %	(015, 016) \$ _____
MC Mid- Qualified Debit	(870) _____ %	(140, 141) \$ _____	Discover Network Mid-Qual Credit	(990) _____ %	(717, 718) \$ _____
MC Non- Qualified Debit	(880) _____ %	(150, 151) \$ _____	Discover Network Non-Qual Credit	(994) _____ %	(721, 722) \$ _____
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Network Qual Debit	(964) _____ %	(787, 788) \$ _____
Visa Mid- Qualified Credit	(814) _____ %	(615, 616) \$ _____	Discover Network Mid-Qual Debit	(968) _____ %	(791, 792) \$ _____
Visa Non- Qualified Credit	(824) _____ %	(625, 626) \$ _____	Discover Network Non-Qual Debit	(978) _____ %	(795, 796) \$ _____

Flat Rate								
	Discount	Transaction Fee		Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit (800)	_____ %	(001, 002) \$ _____	Visa Qual Credit (804)	_____ %	(005, 006) \$ _____	Disc. Network Qual Credit (170)	_____ %	(015, 016) \$ _____
MC Qual Debit (850)	_____ %	(130, 131) \$ _____	Visa Qual Debit (854)	_____ %	(134, 135) \$ _____	Disc. Network Qual Debit (964)	_____ %	(787, 788) \$ _____

Dues & Assessments (273, 274, 6AC) Billback **Non-Qualified Surcharge Fee** (excluding interchange pass-through fees, see Section 18.1). Applies to Non-qualified MC, Visa & Discover Network Credit and/or Non-PIN Debit Transactions. (30D, 20B) _____ %

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard (560), Visa (550), or Discover Network (529) plus a MasterCard Assessment Fee (273) of .0950%, a Visa Assessment Fee (274) of .0925%, or a Discover Network Assessment Fee (6AC) of .0925%, plus any other fees indicated on this Service Fee Schedule.

Sales Credit and Debit Transaction Fee \$ (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
MC Qual Credit (800)	_____ %	Visa Qual Credit (804)	_____ %
MC Qual Debit (850)	_____ %	Visa Qual Debit (854)	_____ %
		Discover Network Qual Credit (170)	_____ %
		Discover Network Qual Debit (964)	_____ %

PIN Debit (Must complete only one of the following fees if PIN Debit is selected)
Bundled PIN Debit (191, Key 0-593) \$ _____ **OR** **Unbundled PIN Debit** (018, Key 0-590, Key 0-593) \$ _____ (plus the applicable network fees) **PIN Debit Declined Transaction Fee:** (42R) \$ _____

See Section 36.3 of the Program Guide for early termination fees.

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-9) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. Client hereby consents to receiving commercial electronic mail messages from us from time to time. 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 the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. This signature page also serves as the signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement.

By signing below, each of the undersigned authorizes us to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us. 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 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.

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____
 Print Name _____ Date: _____
 Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(PROCESSOR): For First Data Merchant Services Corporation and Wells Fargo Bank, N.A.

X Signature _____
 Print Name _____ Date: _____

X Signature _____
 Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(9) PERSONAL GUARANTY

In exchange for First Data Merchant Services Corporation and Wells Fargo Bank, N.A.'s acceptance of, as applicable, the Agreement and/or the Equipment Lease Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the foregoing Agreements, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under any of the foregoing Agreements. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. and First Data Merchant Services Corporation are relying upon this Guaranty in entering into, as applicable, the Agreement and the Equipment Lease Agreement.

Signature (Please sign below): _____ **Signature** (Please sign below): _____
X _____, an individual **X** _____, an individual

Please read the Merchant Processing Program Guide in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your discount rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover Network. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Card Processing Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons** why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 10.
4. **If you dispute any charge or funding**, you must notify us within 45 days of the date of the statement where the charge or funding appears or should have appeared.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20.
6. **We have assumed certain risks** by agreeing to provide you with Card processing. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest).
7. **By executing this Agreement with us** you are authorizing us to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you may be responsible for the payment of early termination fees as set forth in Section 36 "Additional Fee Information."
9. **If you lease equipment from Processor**, it is important that you review Section 34 in Third Party Agreements. **This lease is a non-cancelable lease for the full term indicated.**

10. Association Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with cardholder data security and storage requirements.
- b) Maintain fraud and chargebacks below Association thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Association rules.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it received the complete Program Guide (Version GenISOWF1205) consisting of 30 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED AND, IF MADE, ANY SUCH ALTERATIONS OR STRIKE-OUTS SHALL NOT APPLY.

Client's Business Principal:

Signature (Please sign below):

X _____ Title _____ Date _____

Please Print Name of Signer

DBA Name: _____

Merchant ID: _____

PROCESSING INFORMATION (cont'd)

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	Terminal Features: (Cont'd)	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	Key Disable	Password Protect
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	Credits	<input type="checkbox"/>
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> Amex Prepaid Program Preference	VOIDS	<input type="checkbox"/>
Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<i>(Choose One):</i>	Forces	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Partial Auth	Reviews	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Balance Back	Bal/Settle	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	<input type="checkbox"/> Other _____	Auth Only	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ <i>(List Current Provider)</i>	<input type="checkbox"/> Retail With Tip	PINPad:	Reports	<input type="checkbox"/>
E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> DES Encryption	Tip Adjustment	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> DUKPT		
	<input type="checkbox"/> Verify Amount Prompt	<input type="checkbox"/> Access Code # _____		

Comments: _____
(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

- What % of total sales represent business to business *(vs business to consumer)*:
 Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
- What % of bankcard sales represent business to business *(vs business to consumer)*:
 Business to Business _____% + Business to Consumer _____% = **100%** (bankcard sales)
- 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%**
- MC/Visa/Discover Network sales are deposited *(check one)*: Date of order Date of delivery Other *(specify)*: _____
- 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. Does any of your cardholder billing involve automatic renewals or recurring transactions *(i.e., cardholder authorizes initial sale only)*? Yes No