



**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"/> American Express	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$
<input type="checkbox"/> Discover	<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 checked="" type="checkbox"/> Debit (other than Visa or MC)	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$
<input type="checkbox"/> EBT	<input type="checkbox"/>	<input type="checkbox"/>		%	\$	\$

Merchant FNS# \_\_\_\_\_ Cash Benefits:  YES  NO Daily Discount:  YES  NO

\* The foregoing 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. See the Card Services Terms & Conditions for non-qualifying surcharges.

**Other Fees:**

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

**American Express**

By signing below, I/we represent that the information I/we have provided on the Application is complete and accurate and I/we authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information on the Application and to receive and exchange information about me, including requesting reports from consumer reporting agencies. If I/we ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I/we understand that upon American Express' approval of the business 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 business entity along with a Welcome Letter. By accepting the American Express card for the purchase of goods and/or services, I/we agree to be bound by the Terms and Conditions.

Merchant's Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**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, the Member named below ("Member"), and, if applicable, the Debit Sponsor named below. Member is a member of Visa, USA, Inc. ("Visa") and MasterCard International, Inc. ("MasterCard"); Global Direct is a registered independent sales organization of Visa and a member service provider of MasterCard.

A copy of the Card Services Terms and Conditions, revision number \_\_\_\_\_, 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 The Merchant Solutions to order a consumer credit report on Merchant and you.

Merchant's Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_

Signing for Global Payments Direct, Inc.: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_

Signing for Member: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Name of Member (printed): \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ HSBC Bank USA, NA

Signing for Debit Sponsor: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Name of Debit Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Concord EFS National Bank

**Personal Guaranty**

I/we hereby guarantee to Global Direct, Member, and to Debit Sponsor, 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, Debit Sponsor, 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, Member, and/or Debit Sponsor 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 Witness (please sign below) \_\_\_\_\_ Name (printed): \_\_\_\_\_

X \_\_\_\_\_, an individual X \_\_\_\_\_

Merchant Initials \_\_\_\_\_

**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"/>					
Bank 2	_____	_____	<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: \_\_\_\_\_

**Equipment / Terminal Applications**

Process method:  EDC  Touchtone  Paper  
 Platform:  East  Central  
 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

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

Terminal Type: \_\_\_\_\_  
 Pinpad Type: \_\_\_\_\_  
 Printer Type: \_\_\_\_\_  
 Check Reader: \_\_\_\_\_  
 Terminal Application / PC Software Type: \_\_\_\_\_  
 CAP/VAR Order: \_\_\_\_\_  
 CAP/VAR Name: \_\_\_\_\_  
 Number of TIDs: \_\_\_\_\_ Product: \_\_\_\_\_  
 Term type: \_\_\_\_\_ VAR Settlement:  Terminal  Host  
 Global PC Software:  Own  Purchase  
 If purchase, price: \$ \_\_\_\_\_ # of payments: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_  
 Qualified Discount Rate: \_\_\_\_\_  
 Mid-Qualified Discount Rate: \_\_\_\_\_  
 Non-Qualified Discount Rate: \_\_\_\_\_  
 No setup fee / No application fee / No annual fee