

Toll Free 877-877-9592

Merchant Receipt

Fax 888-984-0369

One Time Set Up Fee (Non-Refundable) _____	Monthly Minimum _____		
Reprogramming Fee _____	Statement Fee _____		
Lease Payment & Term _____ for _____		Discount Rate	Transaction Fee
	Visa & Master Card _____		
Purchase Amount _____	Mid Qualified Rate _____		
Sales Tax _____	Non Qualified Rate _____		
	American Express _____		
Shipping Amount _____ Day	Discover _____		
Total Collected _____	Check Guarantee _____		
Equipment Type _____	Debit Fee _____		
Special Instructions _____	Monthly Gateway Fee _____		
_____	Monthly Wireless Fee _____		
_____	Merchant Club (optional) 6 rolls of paper per month upon request _____		

By signing this merchant receipt I agree to the terms and fees stated here and have read the merchant processing agreement.

Company Name _____

Merchant Signature _____

Name: _____ PH: _____
Fax: _____

MSI Representative
5 Bristol Dr. Ste # 1 Easton, MA 02375
Ph: 877-877-9592 Fax: 888-984-0369

BANK DISCLOSURE PAGE

MERCHANT NEW ACCOUNT ORDER FORM

✓ INDICATES SERVICES APPLIED FOR

Member Bank Information

First National Bank of Omaha (FNBO)
 1620 Dodge Street
 Omaha, Nebraska 68197
 402-633-2900

Important Bank Responsibilities

1. FNBO is the only entity approved to extend acceptance of VISA products directly to a Merchant.
2. FNBO must be a principal (signor) to the Merchant Agreement.
3. FNBO is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply.
4. FNBO is responsible for and must provide settlement funds to the Merchant.
5. FNBO is responsible for all funds held in reserve that are derived from settlement.

Merchant Information

Merchant Name: _____

Merchant Address: _____

Merchant Phone: _____

Important Merchant Responsibilities

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.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member – FNBO – is the ultimate authority should the Merchant have any problems.

Merchant's Signature _____ Date _____

Merchant's Printed Name & Title _____

EQUIPMENT

- | | | | |
|--------------------------------------|--|--|--|
| Hypercom: | NURIT: | Verifone: | Wireless: |
| <input type="checkbox"/> T7P | <input type="checkbox"/> 2085 | <input type="checkbox"/> OMNI 3730 LE | <input type="checkbox"/> Nurit 8000/8000S |
| <input type="checkbox"/> T7P-thermal | <input type="checkbox"/> 2085+ | <input type="checkbox"/> OMNI 3730 | <input type="checkbox"/> Comstar Charge Anywhere* |
| <input type="checkbox"/> T7 PLUS | <input type="checkbox"/> 3020 | <input type="checkbox"/> OMNI 3740 | <input type="checkbox"/> WaySystems 1510 |
| <input type="checkbox"/> T77 | <input type="checkbox"/> 3020+ | <input type="checkbox"/> OMNI 3750 | (credit only) |
| <input type="checkbox"/> T77-thermal | <input type="checkbox"/> 8320 | <input type="checkbox"/> OMNI 3750 IP | <input type="checkbox"/> WaySystems 1570 |
| <input type="checkbox"/> ICE 5500 | <input type="checkbox"/> 8320+ | <input type="checkbox"/> OMNI 3200 SE | (credit/debit) |
| <input type="checkbox"/> ICE 5700 | <input type="checkbox"/> PIN PAD-222 | <input type="checkbox"/> TRANZ 330 | Wireless Monthly Fees: 19.95 |
| <input type="checkbox"/> S-8 | <input type="checkbox"/> PIN PAD-292 | <input type="checkbox"/> TRANZ 380 | Wireless Trans. Fees: 0.10 |
| <input type="checkbox"/> S-9 | <input type="checkbox"/> Nurit 700 Pak | <input type="checkbox"/> P-250 | Wireless Activation Fee: 35.00 |
| | | <input type="checkbox"/> PIN PAD-1000 SE | * Comstar: \$19.95 (includes first 50 free transactions, then 10¢ each additional) |
| | | Check Reader: | Software: |
| | | <input type="checkbox"/> MAGTEK | <input type="checkbox"/> PC-Charge |
| | | <input type="checkbox"/> Ingenico 2500 | |
| | | <input type="checkbox"/> Ingenico 3000 | |
| | | <input type="checkbox"/> RDM Imager | |

Other _____

Manual Imprinter VISA/MC regulation requires an imprint for non-swipe transactions, cost \$25 one time fee.

MSI SUPPLY REPLACEMENT PROGRAM

- Yes, I want to participate in the optional Merchant Program which includes equipment support, common repair and supplies for an additional \$9.50 per month.

Annual postage and handling fee (billed each December to cover the following years costs in ground surface shipment of forms/supplies, and the handling of defective equipment deemed repairable under manufacturer warranty), 59 dollars.

INITIAL SETUP FEES

<input type="checkbox"/> Non Refundable App. Fee	\$ _____
<input type="checkbox"/> Reprogramming Fee	\$ _____
<input type="checkbox"/> Trade In Rebate	\$ _____
<input type="checkbox"/> First & Last Payment	\$ _____
<input type="checkbox"/> Equipment Purchase	\$ _____
<input type="checkbox"/> Misc.	\$ _____
Subtotal	\$ _____
Tax (____%)	\$ _____
Total	\$ _____

I understand that MSI Merchant Services, Inc. is registered as a Member Service Provider with MasterCard and an ISO with Visa for FNBO (908-516-5900)

_____ is the company/ Sales Representative from whom I am buying the credit card processing equipment from;
 (____-____-____)

I also understand that if I have any questions, concerns, comments or problems regarding my credit card processing or equipment I can call the appropriate number listed above for assistance.

Merchant Initials: _____

SPECIAL INSTRUCTIONS



MERCHANT SERVICES, INC.
 890 Mountain Ave., New Providence, NJ 07974
 908-516-5900 • Fax: 908-516-5954

E-APP

F

ONLINE RESOURCES: www.msihq.com/info

MERCHANT APPLICATION

Office Use Only:	Associate: 3 6 2	Chain:	MCC Code:	Fair Isaac:	Analyst:	<input type="checkbox"/> New Location <input type="checkbox"/> Additional Location
	Merchant No.:			Existing Merchant No.:		
	Rep Name			Rep Phone		Rep Code

I BUSINESS NAMES

Business Legal Name	Statement & Mailing Address (if different from DBA Address)
DBA (Doing Business As)	City, State, Zip
Location Address	Contact Name
City, State, Zip	Phone # Fax #
Federal Tax I.D. Number	E-mail address

BANKING INFORMATION	Name of Merchant's Bank	Contact	Bank Phone #
Acct. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing / ABA #	DDA / Checking Account	

II MERCHANT PROFILE

Type of Ownership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Other	Number of Locations	Merchandise/Service Sold		
Years in Business	Length of Current Ownership	Percent of Business	Percent of Sales to	Merchant Type
Has this Business or any Principal been terminated as a Visa/MasterCard Merchant (TMF)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Card Swiped _____%	Consumer _____%	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input type="checkbox"/> Retail w/Tips <input type="checkbox"/> EZ Pay
Has Merchant or any Principal disclosed below filed bankruptcy or been subject to any involuntary bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Manual Key with Imprint _____%	Business _____%	<input type="checkbox"/> Retail w/Store & Forward <input type="checkbox"/> Internet Gateway <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO <input type="checkbox"/> Other _____
Monthly Volume \$	Highest Ticket Amount \$	Average Ticket Amount \$	Total = 100%	Total = 100%
Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently accept VISA/Mastercard? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Submit 3 months bankcard statements.	When is the Cardholder billed for Products/Services? <input type="checkbox"/> On Order <input type="checkbox"/> On Shipment	Is a fulfillment house used? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Delivery Method of Products/Services? <input type="checkbox"/> Time of Sale <input type="checkbox"/> 5-10 Days <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 10-15 Days <input type="checkbox"/> 3-5 Days <input type="checkbox"/> 15+ Days	What is the Merchant's Return Policy?	What is the Merchant's Refund Policy?	Does the Business use any Third Parties in the payment process? If yes, please list: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	

III OWNER OR OFFICER

Principal (print) _____ % Equity Ownership	Social Security No.	Phone No.
Residence Address	City, State & Zip	D.O.B.

REFERENCES	Trade Reference _____ Contact _____ Account No. _____ Phone No. _____
	Trade Reference _____ Contact _____ Account No. _____ Phone No. _____

IV MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY SALES REPRESENTATIVE)

Merchant Location <input type="checkbox"/> Retail Location With Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Other _____	Square Footage <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+	
Area Zoned <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	Nearest major cross streets or highways	
Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
The Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases the business premises	Whom Does Merchant Lease From? (Name and Telephone Number)	Photo Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Further Comments By Inspector (MUST COMPLETE)		

I hereby verify that this application has been fully completed by merchant 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. Any misrepresentation may result in losses and/or liabilities.

Agent Name (please print) _____ Signature _____ Agent # _____ Date _____

MSI - Original Bank - Yellow Merchant - Pink

