

Business (DBA): _____
 Contact First Name: _____
 Contact Last Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone #: _____
 Rep Number: _____

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.
- Complete Company Application Sales Worksheet (1 page)
- Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

- “Certified” Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
 - o Company’s name must be displayed on the website
 - o Clear posting of the company’s Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION

1	COMPANY INFORMATION		
◆ DBA NAME:			
CONTACT NAME:			
◆ DBA ADDRESS TYPE: ◆ DBA ADDRESS1 (NO PO BOX):			
DBA ADDRESS 2:			
◆ CITY:	◆ STATE	◆ ZIP CODE:	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS:			
◆ BUSINESS COUNTRY OF FORMATION:		◆ DBA PHONE #:	
▶ DOES COMPANY HAVE THE ABILITY TO ISSUE BEARER SHARES AS OWNERSHIP STAKE IN THE COMPANY? (REQUIRED IF COUNTRY OF FORMATION IS OUTSIDE OF THE U.S. AND BUSINESS STRUCTURE EQUALS C CORPORATION - CLOSELY HELD, PRIVATE COMPANY, PROF CORP, PUBLIC COMPANY, SUB S CORP, LIMITED LIABILITY COMPANY)		DBA FAX #:	
YEAR ESTABLISHED:		MOBILE PHONE #:	
◆ LENGTH OF CURRENT OWNERSHIP: YEARS, MONTHS		◆ EMAIL ADDRESS:	
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			

2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
CHARGEBACKS: MAIL To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX To: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL To:		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	

3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)		
◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %			<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR
◆ ADDITIONAL BENEFICIAL OWNERS?	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE:	IF OTHER:
◆ FIRST NAME:	▶ MIDDLE NAME:	◆ LAST NAME:	
◆ ADDRESS TYPE:		◆ ADDRESS (NO PO BOX):	
◆ CITY:	◆ STATE/PROVINCE:	◆ ZIP/POSTAL CODE:	◆ COUNTRY:
◆ DOB:	◆ US PERSON:	▶ PHONE #:	
<i>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</i>			
▶ HOME ADDRESS:		▶ CITY:	▶ STATE: ▶ ZIP CODE:
▶ ID TYPE: SSN		▶ ID #:	▶ IF OTHER - ID TYPE:
▶ IF OTHER ID #:		▶ IF OTHER ID - COUNTRY OF ISSUANCE:	▶ IF OTHER GOVERNMENT ISSUED - ID NAME:
◆ IDENTIFICATION DOCUMENT:		▶ ISSUING COUNTRY (IF APPLICABLE):	▶ ISSUING STATE (IF APPLICABLE):
◆ DOCUMENT #:		▶ ISSUE DATE:	▶ EXPIRY DATE:
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.			<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

OTHER COMPANY INFORMATION			
◆ AVERAGE SALE AMOUNT: \$	◆ CARD PRESENT _____ %		
◆ HIGH SALE AMOUNT: \$	◆ CARD NOT PRESENT* _____ %		
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:	◆ INTERNET* _____ %		
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$	(MUST TOTAL 100%)		
◆ ANNUAL REVENUE: \$	▶ INTERNET : PRODUCT WEBSITE:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:	▶ INTERNET: "CONTACT US" EMAIL:		
SPECIAL PROGRAM MCC ONLY:	*CUSTOMER SERVICE PHONE # REQUIRED BELOW		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS	▶ CUSTOMER SERVICE PHONE #:		

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆ DEPOSIT BANK NAME:	◆ ABA/ROUTING #:	◆ DDA ACCOUNT #:
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): <input type="checkbox"/> TAPE ID 3 IF CHECKED - (NEXT DAY FUNDING)		<input type="checkbox"/> Fast Track Funding

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)						PRICING CATEGORY				
<input type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER* <input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX						<input type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT				
PRICING INFORMATION						FEES				
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						APPLICATION FEE \$ INSTALLATION/TRAINING \$ RETURN ITEM FEE/NSF (PER OCCUR) \$ ACCOUNT MAINTENANCE \$ CHARGEBACK (PER OCCUR) \$ ANNUAL FEE START DATE: \$ MONTHLY MINIMUM \$ MONTHLY SERVICE FEE \$ BATCH HEADER FEE \$ OTHER: \$ OTHER: \$ OTHER: \$ OTHER: \$ STATEMENT: <input type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER PRICING PROGRAMS MONETARY PROGRAM: AUTH PROGRAM: EQUIPMENT: 59999 MISCELLANEOUS: 59999				
<input type="checkbox"/> TIERED		VISA/MASTERCARD/UNION PAY/DISCOVER		AMERICAN EXPRESS						
		RATE (%) + PER ITEM (\$)		RATE (%) + PER ITEM (\$)						
QUALIFIED		___ % + \$ ___		___ % + \$ ___						
MID QUALIFIED		___ % + \$ ___		___ % + \$ ___						
NON QUALIFIED		___ % + \$ ___		___ % + \$ ___						
OTHER TIER		<input type="checkbox"/> CHECK CARD (T-opt /EIC-req)		___ % + \$ ___						
PASS THRU:		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS				
<input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)				
MARKUP		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
<input type="checkbox"/> ENHANCED IC PLUS		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS				
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)				
MARKUP		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
MID QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
NON QUALIFIED		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
OTHER TIER		<input type="checkbox"/> CHECK CARD		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
REWARDS TIER		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
COMMERCIAL CARD TIER		___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___				
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE										
AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE				
V/MC/UNIONPAY/DISC (CHARGE ALL)		\$ ___	WEX	\$ ___	VOICE AUTH (ARU, Op ASSIST, AVS)	\$ ___	<input type="checkbox"/> ASSOC COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD Per month, taxes and other fees may apply, see company representation and certifications)			
AMERICAN EXPRESS		\$ ___	DIAL COMMUNICATION	\$ ___	VOICE AUTH- BANK REFERRAL	\$ ___				
PIN DEBIT										
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)						AUTH : <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)				
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ___ % + \$ ___ AUTH \$ ___						PIN DEBIT MONTHLY FEE \$ ___				
OTHER CARD TYPES EXISTING										
AMEX SE # (10 DIGITS):		PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)					
POINT OF SALE (EQUIPMENT OR SOFTWARE)										
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER		# OF TIDS:	<input type="checkbox"/> A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:			COMMUNICATION METHOD (IP DEFAULT): <input type="checkbox"/> DIAL				
VAR SERVICE PROVIDER (HOSTED):		VAR (DISTRIBUTED):		VENDOR:	PRODUCT:	VERSION:				
QTY	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)										
<input type="checkbox"/> SATURDAY DELIVERY		<input type="checkbox"/> NEXT DAY AIR		<input type="checkbox"/> 2ND DAY AIR		ELAVON BILLS ONE TIME FEES				
Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services. Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.										
ADDITIONAL POS SERVICES:		DESCRIPTION			SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE		
					\$	\$	\$	\$		
					\$	\$	\$	\$		
TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)										
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)		
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		TIP FUNCTION (DEFAULT)		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION				
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY				
CUSTOM PROMPTS:		<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) TIME ZONE		<input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ (MAX)		<input type="checkbox"/> CUSTOM FOOTER:				
(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)		<input type="checkbox"/> NO TIP (REST) <input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CLERK PROMPT (RTL) <input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)		<input type="checkbox"/> TIP FUNCTION WAITER (RTL) <input type="checkbox"/> TIP FUNCTION CASHIER (RTL)				
TRAINING (DEFAULT = NO TRAINING): <input type="checkbox"/> TRAINING		PHONE INFORMATION: ACCESS #:		CONTACT NAME:		CONTACT PHONE #:				

SUBSTITUTE FORM W-9

SOLE PROPRIETOR
 C CORPORATION
 S CORPORATION
 PARTNERSHIP
 UNINCORPORATED ASSOCIATION
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)
 GOVERNMENT
 TRUST
 ESTATE
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION P=PARTNERSHIP): _____ (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME* :

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX):		OR	TIN (EMPLOYER ID #):	
CITY:	STATE:	ZIP:	OR	TIN (SOCIAL SECURITY #):

4 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant Company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

Notwithstanding the language to the contrary in Section 9.2(e)(iv) of the Terms of Service, if Company is eligible for Data Breach Reimbursement, the maximum amount of Data Breach Reimbursement available to Company is \$50,000. Section 3 of Schedule E to the Terms of Service will not apply with respect to Company regardless of whether Company has selected the Silver level of Safe-T for SMB Services.

*** By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.**

SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

5 PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME:	REP ID #:	DATE:
REP PHONE #:	REP EMAIL:	ELAVON USA-MSP-ELV-0218	

SALES WORKSHEET

DBA:

ACCOUNT DESIGNATION					
<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION OF	
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME:	
CLIENT GROUP #:	ENTITY:	REP #:	AWB:		
BUSINESS VERIFICATION					
DOCUMENTARY IDENTIFICATION:					
DOCUMENT VALIDATION TYPE:			ISSUING STATE/PROVINCE:	ISSUING COUNTRY: USA	
DOCUMENT #:	ISSUED DATE:		EXPIRY DATE:		
LEGAL VERIFICATION					
DOCUMENTARY IDENTIFICATION:			EVIDENCE OF LEGAL STATUS:		
DOCUMENT VALIDATION TYPE:			ISSUING STATE/PROVINCE:	ISSUING COUNTRY: USA	
DOCUMENT #:	ISSUED DATE:		EXPIRY DATE:		
ONSITE INSPECTION:					
<p>I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:</p> <p>BUSINESS LOCATED IN: <input type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):</p> <ul style="list-style-type: none"> I HAVE PHYSICALLY BEEN ON SITE MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 					
PERSON MET WITH:					
PRINTED NAME:		REP #:	DATE:		
SPECIAL REQUIREMENTS COMPANY QUESTIONNAIRE					
◆ IS THE COMPANY AN EMBASSY?					
◆ IS THE COMPANY A MONEY SERVICE BUSINESS?					
◆ IS THE COMPANY A NON PROFIT/NON GOVERNMENT ORGANIZATION? (NGO CAN BE ANY NON-PROFIT ORGANIZATION THAT IS INDEPENDENT FROM GOVERNMENT)					
◆ DOES THE COMPANY OPERATE A PRIVATELY OWNED, NON-BANK ATM?					
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES:					