



NTC New Merchant Application Check List
Front Cover Sheet

Business (DBA): _____

Rep Name: _____

Rep Number: _____

CHECKLIST

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

- NTC Application Page (1)
- Signed Legal Page – Elavon MPA with Elavon Sales Worksheet Signed by Rep (2)
- Voided Check, Bank Letter or Starter Check
- Driver License, State ID or Passport
- Marketing Material / Proof of Existence
- 3 months of Processing Statements (if they are currently processing)
- Mo/To - Internet Addendum (if Mo/To, Electronic Invoicing, or E-Commerce Account)
- List of All Countries that Merchant does Business with or if Travel, provides Travel too.
- Electronic Invoicing Requirement Checklist (if using Electronic Invoicing ONLY)
- Internet Requirement Checklist (if E-Commerce Account)
- Financials (if applicable)

Financials are required for applications with a requested monthly volume of 25K for Mo/To or 50K for retail swipe or more.

Acceptable Financials include:

Business Financials

3rd Party Prepared Financials – Profit & Loss, Income Stmt, and Balance Sheet w/ accountant letter.

3rd Party Prepared Tax Returns for most recent tax year.

In House Financials for current year - Profit & Loss, Income Stmt, and Balance Sheet.

Personal Financials

Brokerage Statements – Most recent statement period - ALL PAGES.

Money Market Accounts – Last 3 months – ALL PAGES.

11951 NW 37th St. Coral Springs, FL 33065
PH: (888) 996-2273 FAX: (954) 346-3391
www.nationaltransaction.com

Date _____ Rep Name _____ Rep # _____



Business Name (DBA): _____ Bus. Phone: _____

Corporate Name: _____ Bus. Fax: _____

Address: _____

City/State/Zip: _____

Mailing Address: _____

Contact Name: First: _____ Last: _____

Ownership Information: (If a 2nd owner or cosigner is needed please attach additional information on a separate page)

Principle Owner/Officer/Partner/Manager/Member: % Ownership: _____

Name: _____ SSN: _____

Title: _____ Birthdate: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Business Information:

Year Established: _____ Length of Current Ownership: YEARS _____ MONTHS _____

Prior Experience in this Business: Y/N If yes, how many years? _____

Services/Products: _____

Business Structure: (Please Circle ONE) C-Corp. S-Corp. Sole Prop. LLC Partnership

Federal Tax ID: _____ Customer Service Phone: _____

Card Acceptance Method (Must Equal 100%): (Ecommerce/Internet must be 100% or 0%)

Card Pres(Retail Swipe): _____ Card Pres/No Swipe: _____ MO/TO(Card Not Pres/Keyed): _____ ECommerce: _____

E-Mail/Website Address: _____

Avg. Credit Card Ticket: \$ _____ Avg. Monthly Volume \$ _____ Annual Volume\$ _____

Delayed Delivery **Yes / No**

Time frames _____(30/60/90 days from the time the 1st payment is accepted until the services/travel is executed)

When is deposit due? _____ Avg. Deposit Amt _____ When is Final Pmt due _____ Avg. Final Pmt Amt _____

Currently accepting CC: Yes / No If yes, 3 months of statements are required with application.

Site Survey Location: (Please Circle) Retail Location Office Building Residence

Programming Instructions: Terminal Type/Gateway Solution (ex: ICT250 / Converge / Auth.net)

Equipment Type: _____

Discount Rates: Visa, MasterCard and Discover are included with your merchant account.

PIN DEBIT (IF RETAIL W/PINPAD) \$ _____ **DEBIT/CHECKCARD** _____% **QUALIFIED** _____% **REWARDS** _____%

MID QUAL _____%+ .10 Per Item **COMM CARDS** _____%+ .10 Per Item **NON QUAL** _____%+ .10 Per Item

AUTH FEE \$ _____ **STMT FEE** \$ **10.00** **PCI MONTHLY** \$ **7.50** **CONVERGE MONTHLY FEE** \$ _____

MONTHLY WIRELESS FEE \$ _____ **MTHLY MIN** \$ _____ **OTHER FEE:** \$ _____

AMEX: Yes / No If Travel and requesting Amex Opt Blue Set up, please provide IATA/CLIA# _____

If Yes: **Existing SE#:** _____ or **AMEX Opt Blue Rates:** Q _____+.10 **NQ** _____+.10

Card Association Fees (ex: Foreign/Cross Border Fees) are passed through. Owner Initials & Date _____

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)

◆ 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):

◆ CITY: ◆ STATE: ◆ ZIP CODE:

OR ▶ TIN (EMPLOYER ID #):

▶ 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.mypaymentsinsider.com/api/file/c/Terms_of_Service_English and https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English, 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.

A PIN/PINLess Debit Enablement Service Fee will be collected for any Interchange and Assessment savings generated through debit routing on your monthly debit transactions for Interchange Plus customers only. This monthly fee will be calculated from your actual debit transaction volume and will be a percentage of your overall debit cost savings. The PIN/PINLess Debit Enablement Service Fee collected, and the Interchange and Assessment savings will be reflected on your monthly statement.

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.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.

PCI Compliance, PCI/SafeT Program Fees. All companies, regardless of Transaction volume, must comply with the requirements of the Payment Card Industry Data Security Standard ("PCI DSS"). Elavon's monthly (PCI/Safe-T) Program Standard Fee is disclosed in the Fee section of this Application. For clarity, if Company has selected a Safe-T solution, the fee for PCI DSS compliance is included within the (PCI/Safe-T) Program Standard Fee. For sixty (60) days following account approval, Company will be charged the (PCI/SafeT) Program Discounted Fee disclosed in the Fee section of this Application. If Company validates its initial PCI DSS compliance within sixty (60) days after account approval, it will continue to be eligible for the (PCI/SafeT) Program Discounted Fee for the 12 months starting with the month in which it provides validation (e.g., if Company validates compliance in March, it will pay the discounted fee from March through February of the following year). If Company does not validate its initial PCI DSS Compliance within sixty (60) days following account approval, then Company will be required to pay the full, undiscounted (PCI/SafeT) Program Standard Fee until Company validates its annual PCI DSS compliance.

For any time after the sixty (60) days following account approval, if Company validates PCI DSS by the 25th day of a month, Company will be eligible for the (PCI/SafeT) Program Discounted Fee for the 12 months starting with the month of validation (e.g., if Company validates compliance by the 25th of March, it will pay the discounted fee from March through February of the following year). Following the end of each annual PCI DSS compliance validation period, Company will have to the 25th of the following month to validate compliance or Company will be required to pay the full, undiscounted monthly (PCI/SafeT) Program Standard Fee until Company again validates compliance.

Under penalties of perjury, Company certifies that:
1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.**
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

* 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 above named Company, and the information provided about the beneficial owner(s) and/or the individual with control over the above named Company 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 (INTERNAL 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:	◆ PRINTED NAME:	◆ REP ID #:
◆ REP PHONE #: 888-996-2273	◆ REP EMAIL: service@nationaltransaction.com	◆ DATE:

**MAIL ORDER, TELEPHONE ORDER, INTERNET, FUTURE DELIVERY
ADDENDUM TO MERCHANT APPLICATION**

If type of business is *any percentage* of Card Not Present (Mail Order, Telephone Order, Internet) or Future Delivery of 3 days or more, the following information must be submitted with the Merchant Processing Application to the New Accounts Department for underwriting and application processing:

1. Type of merchant (Check Applicable Boxes):
 Internet Mail Order/Telephone Order
 Future Delivery
2. Please provide details for type and/or range of products/services sold to clarify information on the merchant application form. _____

3. What is the time period for delivery of the product/service?
 Within 48 hours Within 2-3 days Within 1 week
 Within 2-4 weeks Other _____
4. Please explain whose card is being charged for the average ticket amount documented on the merchant application form. _____

5. Please explain how/when you charge for goods/services (relative to order/pick/pack/ship)/ Please provide details about duration and frequency of charge(s) _____

6. Are orders received and processed at your business location? _____
Who provides order fulfillment services? _____
7. Who owns the inventory of goods? _____
Where is your inventory stocked? _____
8. Please describe merchant's approach to customer satisfaction including refund policy (how customers contact the merchant for service, and how service is provided) _____

9. Is refund policy clearly posted on website/documented? _____
Does the customer sign a contract specifying terms and condition? Please explain _____

Please provide a copy of the refund policy if not already included in application package
Web Page Address(s): WWW. _____
WWW. _____
10. Server site location address(s): _____
