

MERCHANT PROCESSING APPLICATION AND AGREEMENT



Relationship \_\_\_\_\_ Association \_\_\_\_\_

Sales Rep Name \_\_\_\_\_ Application Date \_\_\_\_\_

**1. GENERAL INFORMATION 2. BUSINESS LOCATION INFORMATION 3. BUSINESS STRUCTURE** Pg 1 of 4

Client's Business Name (Doing Business As)	Client's Corporate/Legal Name (Must match IRS income tax filing)
Location Address	Corporate Address (if Different than Location)
City State Zip	City State Zip
Location Phone Location Fax	Contact Name Contact Phone
Customer Service Phone Prior Security Breach? Yes No	Business Email D&B#
Business Website Address	Fed Tax ID # (Must match IRS income tax filing)
Multiple locations? Y or N If Yes, enter # of locations _____ Additional Location to existing MID _____	Date Business Started Length Current Ownership
Send retrieval / chargeback requests to ____ Corporate Address ____ Location Address	Send monthly merchant statements to ____ Corporate Address ____ Location Address

I certify that I am a foreign entity / nonresident alien. (If checked, please attach IRS Form W-8.)

\_\_\_\_ Sole Prop \_\_\_\_ Partnership \_\_\_\_ LLC/LLP \_\_\_\_ C Corp \_\_\_\_ S Corp \_\_\_\_ Govt. (Local/State/Federal) \_\_\_\_ 501c/Tax Ex. State Filing: \_\_\_\_\_

**NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Section III, Part A.3 of your Program Guide for further information.)**

**4. OWNERS / PARTNERS / OFFICERS 5. START UP FEES**

OWNER / PARTNER /OFFICER 1	OWNER / PARTNER /OFFICER 2	START UP FEES	
Name	Name	Application Credit	\$
Title % Ownership	Title % Ownership	Equipment	\$
Home Address	Home Address	Wireless Setup	\$
City State Zip	City State Zip	Injection	\$
Telephone	Telephone	Monthly Rental	\$
Email Address	Email Address	Expedite	\$
Social Security # Birth Date	Social Security # Birth Date	Total	\$

Prior Bankruptcies? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Business and/or \_\_\_\_ Personal Date Discharged: \_\_\_\_\_

**6. NATURE OF BUSINESS 7. TRANSACTION INFORMATION**

Business Type: \_\_\_\_ Retail \_\_\_\_ Restaurant \_\_\_\_ Mail / Telephone Order \_\_\_\_ Internet \_\_\_\_ Lodging \_\_\_\_ Supermarket \_\_\_\_ Government  
\_\_\_\_ Petroleum \_\_\_\_ Utilities \_\_\_\_ Healthcare \_\_\_\_ Education \_\_\_\_ QSR \_\_\_\_ Charity/Non Profit \_\_\_\_ B2B \_\_\_\_ Other

Requested Monthly Payment Card Volume \$ _____	Card Present Swiped ____%	Sales to Consumers ____%
Requested Average Payment Card Ticket \$ _____	Card Present Not Swiped ____%	Sales to Business ____%
Requested Highest Payment Card Ticket \$ _____	MOTO ____%	Sales to Government ____%
Seasonal Merchant? ____ Yes ____ No (circle closed months if yes) J F M A M J J A S O N D	Internet (ecommerce) ____%	Days to Delivery _____
	Prior Processor	

Description of products or services sold

Describe your return policy

**8. BANKING ACCOUNT INFORMATION**

Deposit Bank Name	Routing#	Account#
Fees Bank Name	Routing#	Account#

Select all card types you wish to accept (See Section 1.9 of the Program Guide for details regarding limited acceptance)

Visa Credit  MC Credit  Visa Non-PIN Debit  MC Non-PIN Debit  Discover Network  American Express  Pin Debit

**Select V/MC/Discover Network Discount Plan:** (Based on Gross Sales Volume)  
 Tiered Basic  
 Pass Through I/C  
**Pin Debit Discount Plan:**  
 Pin Debit Network Fee Pass-through

**Requested Discount Payment Method:**  Daily  Monthly  
**Assessments:**  Included  Bill Separately  
 (If Pass Through I/C – Assessments **MUST** Bill Separately)

**DISCOUNT FEES**

QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)	QUALIFICATION	DISC. FEE (%)	PER ITEM (\$)
<b>MASTERCARD</b>			<b>VISA</b>			<b>DISCOVER NETWORK</b>		
Credit Qualified	%	\$	Credit Qualified	%	\$	Credit Qualified	%	\$
Credit Mid-Qual	%	\$	Credit Mid-Qual	%	\$	Credit Mid-Qual	%	\$
Credit Non-Qual	%	\$	Credit Non-Qual	%	\$	Credit Non-Qual	%	\$
CheckCard Qual	%	\$	CheckCard Qual	%	\$	CheckCard Qual	%	\$
CheckCard Mid-Qual	%	\$	CheckCard Mid-Qual	%	\$	CheckCard Mid-Qual	%	\$
CheckCard Non-Qual	%	\$	CheckCard Non-Qual	%	\$	CheckCard Non-Qual	%	\$
Pass Through IC	%	\$	Pass Through IC	%	\$	Pass Through IC	%	\$
	%	\$		%	\$		%	\$

Voyager % All applicable Association fees will be passed through to the merchant at the applicable costs assigned by the Association. Fees include but are not limited to Visa's APF, Misuse of Authorization Fee, Zero Floor Limit Fee, Acquirer ISA Fee, FANF, Integrity Fee and MasterCard's NABU Fee, Acquirer Support Fee, Cross Border Fee, and Discover IPF, ISF, Data Usage fee, et al.

**American Express One Point Discount**

(choose one)	<b>Industry</b>	(choose one)	<b>Industry</b>	<b>Program Type</b>	<input type="checkbox"/> One Point <input type="checkbox"/> ESA***
	B2B		State and Local Gov't		
	Travel Agencies & Tour Operators**		Education		<input type="checkbox"/> Order New <input type="checkbox"/> Use Existing
	Fast Food Restaurant		Telecommunications		
	Independent Gas Station		Supermarket	<b>Existing SE #</b>	<b>CAP #</b>
	Lodging		Mail Order & Internet		
	Services, Wholesale & All Other			<b>Rate (%)</b>	<b>Per Item</b>
	Office-based Healthcare			American Express Credit _____ %	\$ _____
	Other Transportation			American Express Prepaid _____ %	\$ _____
	Restaurant**			<small>Fee to be applied by American Express                      ***FOR ESA ONLY - Monthly flat fee of \$7.95 or Discount Rate may apply.                      **0.30% downgrade will be charged for transactions whenever a CNP (Card not Present) charge occurs. CNP means a charge for which the card is not presented at the point of purchase (e.g. charges by mail, telephone, fax or Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards.                      An Inbound fee of 0.40% will be applied on any Charge made using a Card, including Prepaid Cards, that was issued outside the United States (as used herein, the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions). This fee is applicable to all industries listed in Appendix B, except Education in the following categories: Sporting &amp; Recreation Camps (MCC 7032), Elementary &amp; Secondary Schools (MCC 8211), Colleges, Universities, Professional Schools (MCC 8220), and Child Care Services (MCC 8351).</small>	
	Retail**				

**Authorization Fees**

Visa/MC/Discover Network	\$ _____	Electronic AVS	\$ _____
Amex/ Fleet/Other	\$ _____	Voice Auth	\$ _____
Pin Debit Authorization	\$ _____	Voice AVS	\$ _____
EBT Authorization	\$ _____		

**Monthly Fees**

Monthly Minimum	\$ _____	Industry Compliance	\$ _____
Wireless Fee	\$ _____	Monthly Service Fee	\$ _____
PIN Debit Fee	\$ _____	Misc Monthly Fee	\$ _____
Industry Non-Compliance	up to \$14.95	(if applicable per Section 4.8 of the Merchant Program Guide)	

**Miscellaneous Fees**

Sales Transaction Fee (All Card Types)	\$ _____ (Per Item)	Chargeback Fee	\$ _____ (Per Occurrence)
Return Transaction Fee (All Card Types)	\$ _____ (Per Item)	Retrieval Fee	\$ _____ (Per Occurrence)
Batch Fee	\$ _____ (Per Item)	Annual Fee	\$ _____
ACH Reject Fee	\$ 25.00 (Per Occurrence)		

**MX Merchant Fees**

MX Merchant Monthly Fee	\$ _____
MX Merchant Program	<input type="checkbox"/> Reporting <input type="checkbox"/> Basic <input type="checkbox"/> Plus <input type="checkbox"/> Premium <input type="checkbox"/> Enterprise
MX Gateway Transaction Fee	\$ _____
Bill to	<input type="checkbox"/> Statement <input type="checkbox"/> Checking Acct <input type="checkbox"/> Credit Card

In the event that this Agreement is terminated early, Merchant will be responsible for the payment of a \$ \_\_\_\_\_ Early Termination Fee in accordance with Part III, Section A.3 of the Merchant Program Guide.

**10. Other Card Types**

Accept EBT  Yes  No  
 Accept EBT Cash Benefit  Yes  No

Order Voyager  Yes  No

Order Check Services  Yes  No

Order WEX  Yes  No  
 (Must attach Wright Express application and Debranding letter with app copy)

(Must attach addendum with app. copy)

Order Gift Card  Yes  No

(Must attach addendum with app. copy)

EBT # \_\_\_\_\_  
 (Number(s) must be obtained through the state department of agriculture)

**11a. EQUIPMENT / PROCESSING METHOD**

Application Type: Retail  Retail w/ tip  MOTO  Restaurant w/ tip  Quick Serve Restaurant (no tip)  Hotel  Auto Rental

Terminal Features	YES	NO		YES	NO		YES	NO
Fraud Check (last 4-digits)	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Card	<input type="checkbox"/>	<input type="checkbox"/>	Invoice # / Purch order #	<input type="checkbox"/>	<input type="checkbox"/>
AVS + CVV2	<input type="checkbox"/>	<input type="checkbox"/>	Server / Clerk #	<input type="checkbox"/>	<input type="checkbox"/>	Auto Close? Y N If yes, time?		

IP Connection? Yes  No  If yes, Terminal Serial \_\_\_\_\_ Special Requests (Multi-Mid, Dial 9, etc): \_\_\_\_\_

Wireless? Yes  No  Wireless Info: MAN/Serial \_\_\_\_\_ SIM Card Number \_\_\_\_\_

TYPE OF EQUIPMENT	PRODUCT NAME	QUANTITY	DEPLOYMENT
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>
Terminal <input type="checkbox"/> Pinpad <input type="checkbox"/> Printer <input type="checkbox"/> VAR* <input type="checkbox"/>			Existing <input type="checkbox"/> Agent <input type="checkbox"/> New Order (attach order form) <input type="checkbox"/>

\*Manufacturer/product/version of PC/Internet software: \_\_\_\_\_

Prior Security Breach  Yes  No

Do you use any third party to store, process or transmit cardholder data?  Yes  No? If yes, name/address: \_\_\_\_\_

ORDER LEASE Y.  N.  Lease Company: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: 10.20  
 Total Monthly Lease Charge \$ \_\_\_\_\_ 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's Initials: \_\_\_\_\_)

**11b. CARD NOT PRESENT INFORMATION**

**If you process more than 30% of your bankcard transactions, or volume, without swiping and/or examining the credit card, please complete this section and provide the information requested.**

1. Please submit your Product catalog; brochures; promotional materials; a current price list; and a copy of your service agreement with card holder if applicable. If on the Internet, please include screen-prints of your website address if your site is not yet active.

2. If Internet please check your type of business:

Web Hosting  Domain Registration  Web Page Design  Auction  Internet Service Gateway  
 Selling Digital Service  Advertisement  Selling Hard Goods  Other

If using the Internet, list encryption method, vendor, and controls used to secure transaction information:

3. How will the product be advertised or promoted? \_\_\_\_\_

4. Billing Methods: (Check all that Apply)

Monthly - \_\_\_\_\_%  Yearly - \_\_\_\_\_%  Quarterly - \_\_\_\_\_%  One Time - \_\_\_\_\_%  Hourly - \_\_\_\_\_%

5. List the name(s) and address(es) of the vendors from which supplies are purchased. \_\_\_\_\_

6. Who performs product/service fulfillment? \_\_\_\_\_

If direct from vendor please provide Vendor Name, address and phone number in full.

7. Please describe how a sale takes place from beginning of order until completion of fulfillment

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PABP (Payment Application Best Practices) validated (if applicable), and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name: (printed) \_\_\_\_\_ Signature X \_\_\_\_\_

12b. Annotation

13 SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version PPS1409) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. 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 Section 7, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement and the American Express Card Acceptance 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 and/or "You" and "Your" for the purposes of the American Express Card Acceptance Agreement. Client authorizes PRIORITY PAYMENT SYSTEMS ("PRIORITY") and Wells Fargo Bank, N.A. ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes PRIORITY and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. 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.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize PRIORITY and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct PRIORITY and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for PRIORITY to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the PRIORITY servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. 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 Agreement.

Client authorizes PRIORITY and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by PRIORITY and BANK.

Client's Business Principal / Officer:

Signature X \_\_\_\_\_ Title \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Title \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_

Personal Guarantee The undersigned guarantees to PRIORITY and BANK the performance of the Agreement, and First Data Lease if applicable, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with the enforcement of the terms thereof. PRIORITY and BANK shall not be required to first proceed against the Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of PRIORITY or BANK. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

Personal Guarantee

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Personal Guarantee

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Accepted By  
Priority Payment Systems, LLC  
P.O. BOX 246, Alpharetta, GA 30009-0246

Wells Fargo Bank, NA  
1200 Montego Way, Walnut Creek, CA 94598

Signature X \_\_\_\_\_ Signature X \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## PART IV: CONFIRMATION PAGE

PROCESSOR Name: Priority Payment Systems  
INFORMATION: Address: P.O. Box 246, Alpharetta, GA 30009-0246  
URL: www.prioritypaymentsystems.com/manuals/TSYS0713programguide.pdf Customer Service #: 1-877-544-7626

Please read the 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. 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 and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the 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 of Card Processing Operating Guide.
- 4. If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
- 5. The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20 of the Card Processing General Terms.
- 6. We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), under certain circumstances.
- 7. By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
- 8. The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part III, A.3 under "Additional Fee Information."
- 9. If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**
- 10. For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-877-544-7626, and / or refer to Important Phone Numbers on the Additional Important Information Page, Part III, Section A.4.**

### 11. Card Organization Disclosure

**Visa and MasterCard Member Bank Information: Esquire Bank.**

The Bank's mailing address is 320 Old Country Rd, Garden City, NY 11530, and its phone number is (516) 535-2002.

#### Important Member Bank Responsibilities:

- The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- The Bank must be a principal (signer) to the Merchant Agreement.
- 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.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserves that are derived from settlement.

#### Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Organization rules.
- Retain assigned copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: [http://usa.visa.com/merchants/operations/op\\_regulations.html](http://usa.visa.com/merchants/operations/op_regulations.html)
- You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules/htm>

#### Print Client's Business Legal Name:

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [version PPSTSYS0713] consisting of 35 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.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:  
[www.prioritypaymentsystems.com/manuals/TSYS0713programguide.pdf](http://www.prioritypaymentsystems.com/manuals/TSYS0713programguide.pdf)

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.**

Client's Business Principal:

Signature (Please sign below):

\_\_\_\_\_

Please Print Name of Signer

Title

Date

TSYS0713

#

# PCI Compliance Questionnaire

Answer the following questions regarding PCI Compliance.

1. Do you store card information electronically? (You are not storing the pin or ccv, and you are making sure that card numbers are truncated.) \_\_\_\_\_
2. Do you exchange card information via electronic mail, chat, or text? \_\_\_\_\_
3. The only people who need the card information have access to it. Correct? \_\_\_\_\_
4. Are you locking up receipts, or storing them in a folder marked "CONFIDENTIAL"? \_\_\_\_\_
5. Are you sending out credit card information via courier? (UPS, FedEx, off-site storage) \_\_\_\_\_
6. Do you keep credit card receipts for a minimum of 3 years? \_\_\_\_\_. Afterwards, they may be destroyed by cross-cut, shred, or burning.
7. Are you sending out your customer's information to other service providers? \_\_\_\_\_
8. Do you have policies & procedure posted for credit card transactions? \_\_\_\_\_

*If not, please do so. The document needs to state on how you process credit cards, store them, and if there is a breach, how is the situation documented and escalated. If a breach does occur and you do not have these policies & procedures in place, you will be fined and so will your processor.*

Part 3b. Merchant Acknowledgement	
Signature of Merchant Executive Officer	Date
Merchant Executive Officer Name	Title
Merchant Company Represented	