



Internal Use:	
STW: _____	Non-profit: Y/N
Client ID: _____	Online Form: Y/N
Software: _____	Gateway: Y/N
Payments For: _____	Open/Pend

Credit Card Processing Application Instructions
PLEASE READ IN FULL

1. **Complete sections 1-8 of the application.**
 1. **Visa Disclosure:** Please review and complete the “Merchant Signature” portion
 2. **Patriot Act:**
 - Copy of signer’s Driver’s License (Non-Profits may just provide home address of signer in section 4)
 - Copy of Business License, Daycare License or 501c(3)
 3. **Business Information:**
 - DBA Name:** will be the name that appears on your customer’s bank statements.
 - Type of Business:** Check **Service** and **Internet** as 100%
 4. **Owner and Officer Information:** (Non-Profits must provide home address of signer in section 4)
 5. **Processing Information:**
 - Provide **3 months** of Merchant Processing Statements (if processing today)
 - Return and Refund Policy:** (e.g.” We will process refund at the customer’s request.”)
 - Credit Card Processing Methods:** Web-initiated payments are e-commerce. All others are mail order/telephone. Estimated calculations are suitable.
 - Average Ticket** (Visa/MC/Disc): This is an estimate of your average transaction size
 - Total Monthly Sales** (Visa/MC/Disc): estimate of your monthly volume. This is only an estimate. If you process over your estimate, it will not affect your account negatively.
 - Card Types Requested:** Please check the **American Express** box, if you wish to apply. Please write existing Amex Service Establishment (SE) number, in this section if available.
 6. **Banking Information:**
 - Provide Copy of a Voided Check (for funds to deposit into)
 7. **Trade References:**
 8. **Fee Schedule:**
2. **Please ignore all sections on page 3**
3. **Sign and date bottom of Page 4 of the Application.**
 - Ensure the **Majority Owner signs BOTH** Merchant Signature and Guarantor Signature.
 - PLEASE NOTE:** Non-Profit organizations are not required to sign the Guarantor portion.
4. **Review:** completed applications include the following items
 - Pages 1-4 of the application with signatures
 - Copy of Voided check with Legal or DBA name printed on the check or bank letter on letterhead designating account for settlement
 - Copy of Business License, Daycare License or 501c(3)
 - Copy of Drivers License (Not applicable for Non-Profit Organizations)
 - 3 Months of Processing Statements (6 Months may be requested)
5. **Please Send Completed Application in one of the following ways:**
 - By Fax :** 800-220-3510
 - By Email:** support@safesavepayments.com
 - By Mail:** SafeSave Payments
Attn: Pam Stockunas
132 Welsh Rd, Ste 140
Horsham, PA 19044
6. **For Questions on filling out the application or Required Items. Please Contact:**
 - Amanda Beusse**
 - Transfirst Application Support**
 - Phone: 800-571-6199 ext. 3677
 - Email: abeusse@transfirst.com

APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: _____	Assoc #: _____	
Sales Rep Name _____	Sales Rep Code: _____	Branch # (if applicable) _____

For purposes of this application, "Processor" is TransFirst ePayment Services, Inc. located at 12120 Shamrock Plaza, Suite 100, Omaha, NE 68154 and can be contacted at (888) 541-9800 and "Merchant Bank" is Columbus Bank & Trust Company, located at 1125 First Avenue, Columbus, GA, 31901, (706) 649-4900. TransFirst is a registered ISO/MSP of Columbus Bank & Trust Company.

1. VISA DISCLOSURE – MEMBER BANK (ACQUIRER) NOTIFICATION

Acquirer Name: Columbus Bank & Trust Company **Acquirer Address:** 1125 First Avenue, Columbus, GA, 31901 **Acquirer Phone:** (706) 649-4900

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

Purpose of this Disclosure:

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 (Acquirer) is the ultimate authority should the Merchant have any problems.

X Merchant Signature: _____ **Print Name/Title:** _____ / _____ **Date:** _____

2. PATRIOT ACT / SITE SURVEY

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II. (*In Section II, Driver's License required – use other ID only if no Drivers License issued.)

Section I: Business Form of Identification	Items Reviewed	Section II: Individual Form of Identification	Items Reviewed
<input type="checkbox"/> Govt. Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Partnership Agreement	Business Name: _____ Date and Place of Issuance: _____ ID/Tax ID Number: _____ Expiration Date: _____ Type Financial Statement/Tax Return: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID	Name: _____ Date of Birth: _____ DL/ID#: _____ Date of Issuance: _____ State of Issuance: _____ Expiration: _____ Address: _____

Section III: On Site Visit Done by Sales Representative Business Consistent with Application

****Signature of Sales Representative:** _____ **Printed Name:** _____ **Date:** _____

3. BUSINESS INFORMATION

Legal Business Name (23 char max)	DBA Name (23 char max)
Legal Address	DBA Address (Physical location, no PO Boxes)
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Legal Phone Number _____ Legal FAX Number _____	DBA / Customer Service Phone Number _____ DBA FAX Number _____
(____) _____ - _____ (____) _____ - _____	(____) _____ - _____ (____) _____ - _____
Email address for Notices: _____ (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)	Website address: _____ Group email address for receiving and working chargebacks via our online solution (Translink): _____

Preferred Address for: Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> Dedicated FAX _____ Contact Name: _____ Phone _____	Federal Tax ID (must be 9 digits) _____	Length Owned? _____ Years _____ Months
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Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____ Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____	Type of Ownership: <input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Ld Partnership <input type="checkbox"/> Government Entity If Corporation: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit <input type="checkbox"/> Other
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Business to Business _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> MOTO _____% Detailed business description (including description of Products or Services sold). Provide separate pages if needed: _____ _____ MCC / SIC (for internal use only)	

4. OWNER AND OFFICER INFORMATION

NOTE: PRIVACY POLICY WITH RESPECT TO THE COLLECTION AND USE OF SOCIAL SECURITY NUMBERS CAN BE FOUND AT WWW.TRANSFIRST.COM.

Name of Principal and Title	Percent Owned	Social Security Number	Residential Address, City, State, Zip	Residential Phone Number
	____%	____-____-____		
	____%	____-____-____		

5. PROCESSING INFORMATION

Have you ever accepted credit cards before? Yes No If yes, what is the processor's name? _____
 Please provide the most recent 3 months of credit card processing statements.

Number of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

Do you bill your customers prior to goods being shipped? Yes No
 If yes, how many days? 0-2 days 3-30 days 31-60 days 61-90 days Over 90 days

What is your return and refund policy (Please be specific)? _____

How do you advertise? (check all that apply) Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail
 Other, please explain: _____

Please supply copies of advertising, including catalogs and brochures.
 Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www.X.com, .net, .org, etc.) on each page.

Credit Card Processing Methods (Must equal 100%)	If the percent of transactions without imprints is greater than 20%, do you use a third party fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Transaction (Ticket) Amount (excludes AMEX):	Total Monthly Sales (excludes AMEX):
Terminal card swiped transactions _____%	If yes, whom? (include contact name and phone number): _____	\$ _____	\$ _____
Manually keyed (Card Present with Imprints) _____%			
Mail Order / Telephone Order (Card Not Present) _____%			
eCommerce Order (Card Not Present) _____%			
Total 100%			

Seasonal Business? Yes No If Yes, indicate by "X" the months that are ACTIVE: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Card Types Requested? Select all that apply.
 Corporate Cards American Express (AMEX) All Visa/MC/DISC Debit Cards Visa/MC Debit Cards only
 Purchasing Cards All Visa/MC/DISC/JCB/Diners Credit Cards Visa/MC Credit Cards & Business Cards only PIN Based Debit
 Visa/MC Credit, Debit, & Business Cards only EBT Cards

List the names of each of your independent contractors or agents that will have access to cardholder data, including any third party order-taking service (e.g., teleservices): (Provide separate pages if needed)

6. BANKING INFORMATION

Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Phone Number
**	I: _____	I: _____	II: _____
**	I: _____	I: _____	II: _____

Please mark one box indicating the type of account to be used for ACH entries: Checking acct Savings acct Bank GL acct

****AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined on page 3) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the **provided voided check** (if applicable) relating to the above account (** for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

7. TRADE REFERENCES

Trade Name	Account Number	Product Sold (if applicable)	Phone Number

8. FEE SCHEDULE

Fee Category V/MC/DISC/JCB/Diners Cards (if applicable)	MOTO <input type="checkbox"/> Yes <input type="checkbox"/> No		Discount Method <input type="checkbox"/> Daily <input type="checkbox"/> Monthly		
	Discount Rate	Authorization Fee	Item Fee (Settlement)	One-time Set-up Fee: \$ _____	Monthly Minimum Discount Fee: \$ _____
MOTO & Std. eCommerce Qualified Transaction:	____%	\$ _____	\$ _____	Monthly Statement Fee: \$ _____	Voice & ARU Authorization Fee: \$ _____
MOTO & Std. eCommerce Non-Qualified Transaction Surcharge:	____%	\$ _____	\$ _____	Chargeback Fee (each): \$ _____	ACH Return Fee (each): \$ _____
"Other" Qualified Rate:	____%	\$ _____	\$ _____		
"Other" Non-Qualified Transaction Surcharge:	____%	\$ _____	\$ _____		
	____%	\$ _____	\$ _____		

Cross border international transaction assessments/program support, MC network access/brand usage (NABU), Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system may apply. Further Visa/MC/DISC mandated fees, including association Base II and kilobyte fees, may also apply.

Note: Processor and its contractors provide the additional products and services set forth in the sections below, in addition to Purchasing Cards, Corporate Cards and Fleet Cards. Merchant Bank does not provide such services and has no responsibility or liability therefore.

Processing Method:	<input type="checkbox"/> eBatch Monthly Fee: \$ _____	<input type="checkbox"/> eLink Monthly Fee: \$ _____	<input type="checkbox"/> eTerm Monthly Fee: \$ _____	<input type="checkbox"/> Other/Fees: _____
Value Added Features:	<input type="checkbox"/> eBatch Monthly Fee with Managed Services: \$ _____	<input type="checkbox"/> eLink Monthly Fee with Managed Services: \$ _____	<input type="checkbox"/> Other/Fees: _____	<input type="checkbox"/> Other/Fees: _____
Non-Bankcard:	<input type="checkbox"/> AMEX Authorization & Conveyance Fee: \$ _____ per Authorization		<input type="checkbox"/> _____ Authorization & Conveyance Fee: \$ _____ per Authorization	

Wireless Set-up Fee (one time per terminal) \$ _____	Wireless Transaction Fee (in addition to transaction fees listed above) \$ _____	Wireless Monthly Fee (per terminal) \$ _____
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Non-Bankcard Types (AMEX): _____

AMEX Transaction Fee \$ _____ <input type="checkbox"/> Apply For American Express *American Express Discount Rate _____% OR <input type="checkbox"/> Monthly Flat Fee: \$ 7.95 * CHOOSE ONE (If Discount Rate % chosen) <input type="checkbox"/> Retail \$0.10 Trans Fee + 0.30% CNP Downgrade OR <input type="checkbox"/> Services, Wholesale & All Other \$0.15 Trans Fee	AMEX Fees disclosed in this section are billed by American Express <input type="checkbox"/> Monthly Gross Pay: <input type="checkbox"/> Daily Gross Pay AMEX Pay Frequency: <input type="checkbox"/> 3-Day <input type="checkbox"/> 15-Day <input type="checkbox"/> 30-Day Annual AMEX Charge Volume \$ _____ Average AMEX Ticket \$ _____
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Check Services (select one): Standard Verification Standard Guarantee Premium Verification* 1 Premium Guarantee *

Monthly Subscription Fee \$ _____	Monthly Minimum \$ _____	Per Transaction Fee \$ _____	Discount Rate (Guarantee only) _____%
Business Office conversion Monthly Fee (Premium Guarantee Imaging only) \$ _____	Application Fee \$ _____	* Premium selections include 1- Returned Item Fee Electronic Check Conversion Applies: \$3.00/item	
Multiple Check Fee (Standard Guarantee only) \$ _____	Maximum approval limit \$1500.00. All services include Business Check & Stop Payment at no charge.		

Merchant Gift Card and Loyalty Program (select one): Classic Gift only Classic Gift Plus Loyalty

<input type="checkbox"/> Initial Location Setup	<input type="checkbox"/> Additional Location Setup	Total # of Gift Card Locations: _____	Gift Cards accepted at all locations: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial OR Additional Location Monthly Hosting Fee \$ _____	Per Transaction Fee \$ _____		
Card Fees (required for re-orders – enter pre-design/custom & sleeve):		Pre-design Cards \$ _____	Custom Cards \$ _____ Sleeves \$ _____
Other Fees:	Additional Location Setup Fee* \$ _____	Additional Terminal Setup Fee** \$ _____	Application Fee \$ _____
Intra-Program Settlement: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Settlement Fee \$ _____ per location per period	Settlement per Reject Transaction Fee \$ _____	
Conversion Fee \$ _____	Unused Conversion Cards Sticker Fee \$ _____		

Select Initial Card Order (also submit TenderCard Product Order Form with application)* Not required for additional location or conversion merchant.**

<input type="checkbox"/> No card Starter Kit	Quantity _____	\$ _____	<input type="checkbox"/> 100 card Pre-designed 1-color Starter Kit	Quantity _____	\$ _____
<input type="checkbox"/> 25 card Pre-designed 1-color Starter Kit	Quantity _____	\$ _____	<input type="checkbox"/> 250 card 1-color Custom Starter Kit	Quantity _____	\$ _____
<input type="checkbox"/> 100 card 1-color Custom Starter Kit	Quantity _____	\$ _____	<input type="checkbox"/> 500 card 4-color Custom Starter Kit	Quantity _____	\$ _____
<input type="checkbox"/> 250 card 4-color Custom Starter Kit	Quantity _____	\$ _____	Proof Design Fee (Front) \$ _____	Proof Design Fee (Back) \$ _____	
Additional Pre-Design Cards: Quantity Requested: _____		Additional Custom Cards: Quantity Requested: _____		Additional Sleeves: Quantity Requested: _____	

*Includes Download, Quick Reference Guide, and Online Reporting **Individual Terminal Statements not supported ***Includes Download, POP Acrylic Stand, Quick Reference Guide, Decals, Online Reporting, Proof Design, Plate Setup, Cards and Sleeves

Early Termination Fee may apply. See TenderCard Terms & Conditions.

Additional Services: (If checked, please complete associated addendum if necessary and submit with this Application) ACH Services

Petro Partner Northern Leasing Cash Advance Security Breach Coverage \$ 6.95/ month Other _____

Check here if the Early Termination Fee clause, as stated in the Card Not Present Addendum, applies.

9. EQUIPMENT OPTIONS

Item Description	Model Number	Version or Serial #	QTY	Code	Price*	Equipment billed to:
Terminal					\$	<input type="checkbox"/> Merchant <input type="checkbox"/> Agent <input type="checkbox"/> N/A
Terminal					\$	Equipment shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> N/A
Terminal					\$	Welcome Kit sent by: <input type="checkbox"/> Agent <input type="checkbox"/> TransFirst
Printer					\$	Welcome Kit shipped to: <input type="checkbox"/> DBA <input type="checkbox"/> Legal <input type="checkbox"/> Agent <input type="checkbox"/> Other <input type="checkbox"/> N/A
Printer					\$	Merchant trained by: <input type="checkbox"/> Agent <input type="checkbox"/> TransFirst <input type="checkbox"/> Other
PIN Pad					\$	If "Other" selected above, please provide details below. Name _____
PIN Pad					\$	Address _____
Software					\$	City _____ State _____ ZIP _____

*Shipping, handling, and tax will be billed in addition to the equipment price listed above. **If merchant owned WAY terminal, SIM # & Serial # required**

Codes: FUA = Free Use Addendum (Submit FUA addendum with this Application), MO = Merchant Owned, PN = Purchase New, PO = Purchased Via Other Source, PRF = Purchased Refurbished, LSE = Lease, EE = Encryption Exchange, **RTL = POS Portal Rental Program or **STR = Short Term Rental. **See Terms and Conditions.

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes the Merchant Bank or any credit bureau or any credit reporting agency employed by Merchant Bank or any agent of Merchant Bank, to make whatever inquiries the Merchant Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks Merchant Bank whether or not a consumer report was requested, Merchant Bank will tell such person, and if Merchant Bank received a report, Merchant Bank will give such person the name and address of the agency that furnished it). Each person also authorizes the Merchant Bank to give information to others, including other creditors and credit reporting agencies, concerning the Merchant Bank experience with Merchant. The Merchant Bank may request additional information if the Merchant Bank decides that it is necessary. If 'RTL' or 'STR' is selected, then by signing below, I represent that I have read the POS Portal Rental Agreement and am authorized to sign this application on behalf of the entity above and all information herein is true, complete, and accurate. I authorize POS Portal, Inc. ("POS Portal") to verify this information and receive and exchange information about me, including requesting reports from consumer reporting agencies. By receiving delivery of the POS Portal rental equipment, the entity agrees to be bound by the terms of the POS Portal Rental Agreement. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 5.0110 OF THE MERCHANT CARD PROCESSING AGREEMENT PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/DOCUMENTS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. PLEASE ALSO CAREFULLY REVIEW, IF APPLICABLE, THE TERMS AND CONDITIONS OF VERSION 2.509 OF THE CARD NOT PRESENT ADDENDUM AND VERSION 1.1208 OF THE SPECIAL SERVICES ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/DOCUMENTS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. BY SIGNING BELOW, (i) YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS AND (ii) YOU AGREE TO ACCEPT ELECTRONIC NOTIFICATION OF ANY CHANGES TO THOSE TERMS AND CONDITIONS.**

If Discover® Network Card acceptance is selected above, Processor will settle your Discover Network transactions and (a) you will receive one consolidated statement from Processor that will reflect your Visa, MasterCard and Discover Network transactions; (b) your Discover Network settlement funds will be paid at the same time and in the same manner as your Visa and MasterCard settlement; (c) you will not have a direct relationship with Discover Network and the terms set forth in the Merchant Card Processing Agreement for Discover Network transactions will apply; and (d) Merchant Bank (i) does not sponsor Processor into the Discover Network, (ii) is not providing or agreeing to provide Merchant any services hereunder with respect to Discover Network Card transactions, (iii) does not determine or approve or agree upon any fees, charges, pricing, or any other terms and conditions, relating to Discover Network Card transactions, and (iv) has no responsibility or liability to Merchant for Discover Network POS Card transactions. If American Express is selected above, then by signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the 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 entity along with a Welcome Letter. 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 Terms and Conditions. If selected above, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement. Further, Merchant hereby requests Check Service acceptance be added to this Application. Merchant understands that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck. If selected above, Merchant hereby requests CrossCheck acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by CrossCheck. If selected above, Merchant hereby requests Tender Card Gift and Loyalty card acceptance be added to this Application. Further, Merchant agrees to and accepts all terms and conditions as set forth by Tender Card. Early Termination Fees apply; See Terms and Agreements.

10. MERCHANT(S) SIGNATURE(S)	GUARANTOR(S) SIGNATURE(S)
1) _____ Merchant Signature (Principal or Owner) Date	1) _____ Guarantor Signature Date
_____ Print name Title	_____ Print name (No Titles)
2) _____ Merchant Signature (Principal or Owner) Date	2) _____ Guarantor Signature Date
_____ Print name Title	_____ Print name (No Titles)

FOR INTERNAL USE ONLY			
_____ Accepted by Processor	_____ Date	_____ Accepted by Merchant Bank	_____ Date
_____ Print name	_____ Title	_____ Print name	_____ Title