Signing Rep: Morgan Withee CSA-3576-003 **Sales Office Phone:** 877-251-0778 **FAX:**

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # ______ **Loc.** 1 **of** 1

(1) TELL US ABOUT YOUR BUSINESS

PCS2205 (ia) PCS2205 (ia)

Client's Business Name (Doing Business As): Kingdom Kids Kingdom Kids Hair PalaceHair Palace	**Client's Corporate/Legal Name** (Use Also For Headquarters' Information): Kingdom Kids Hair Palace
Business Address: 7825 Winchester Road STE102	**Billing Address** (If Different Than Location Address): 7825 Winchester Road STE102
City: Memphis **State** TN **Zip** 38125	**City:** Memphis **State** TN **Zip** 38125
Location Phone #: 901-425-4826 **Location Fax #:**	**Contact Name:** Christy Franklin
Business E-mail Address: Cflavor2@yahoo.com	**Contact Phone #:** 901-425-4826 **Contact Fax #:**
Business Website Address:	**Contact E-mail Address:**
Send Retrieval Requests / Fax Type to: ☐ Business Address ☐ Fax #	**SIC/MCC** 7230

Statement Type: (check one) ☐ Detail ☐ Summary **Statement Delivery Method:** ***(check one)*** ☐ E-Mail ______ ☐ Online ☐ Print and Mail

Funding will be processed ☐ Monthly ☐ Daily

*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category's Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841, the registration is required with Visa and/or Mastercard within 30 days from when your accounts becomes active. An Annual Registration fee of $500 may apply for Visa and/or Mastercard (total registration fees could be $1,000). Failure to register could result in fines in excess of $10,000 for violating Visa and or Mastercard regulations.
1– Registration for MCC7841 is only required for Non-Face-to-face adult content, 2– Information herein, including applicable MCC's, is subject to change

(2) M C / V I S A / D I S C OVER® NETWORK FULL SERVICE / AMERICAN EXPRESS

Monthly MC/ Visa/ Discover/ Amex/ Debit Vol. for this Outlet:	$ 6000.00
Estimated Average Ticket /Sales Amount:	$ 85.00
Estimated High Ticket Amount:	$ 300.00

(3) ENTITLEMENTS

☐ **MC/ Visa/ Discover Full Processing** **(Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)**

☐ **Voyager Fleet*** **Annual Voyager Volume: $**______ ***Tax exempt Voyager Cards accepted:** ☐ Yes ☐ No ☐ MC Fleet

☐ **WEX Full Acquiring** **Annual WEX Volume: $**______ ☐ **WEX Non-Full Svc or Wex Crossroads**

☐ **Existing Discover Retained SE #**______ ☐ **Non-Lic. JCB (EDC)** ______ **(Existing Account #)**

☐ **American Express** ☐ **(Existing Direct SE #)** ______

American Express Cap # ______ **Franchise Name:**______ **Other:**______ **SE #:** ______

☒ **Debit Package** 8 4 0 7 2 0 6 1 ☐ **EBT FNS # (XREF):** ______ ☐ **EBT CASH**

(4) PROVIDE MORE BUSINESS DATA

State Incorp. ___ **Month/Yr. Started:** ______ ☐ **Sole Ownership** ☒ **Partnership** ☐ **Non Profit/Tax Exempt** ☐ **Public Corp.** ☐ **Private Corp.** ☐ **L.L.C.** ☐ **Gov't.**

Check one: TIN Type: ☐ **EIN (Fed Tax ID #)** 86-2273998 ☐ **SSN** ______ ☐ **D&B #:** ______

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)

Name (as it appears on your SS 4 form)	**Federal Tax ID#:** (as it appears on your SS 4 form)	☐ **I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)**
Kingdom Kids Hair Palace	86-2273998	

Mag Swipe 98 **% + Keyed Manually** 2 **% = 100% Product/Services You Sell:** Hair Salon

POS Card Present (MAG Swipe and/or Manual Imprint) ______ **% + Mail Order/Direct Marketing** ______ **% + Phone Order** ______ **% + Internet** ______ **% = 100%**

Do you use any third party to store, process or transmit cardholder data? ☐ **Yes** ☒ **No** *(Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)*
If yes, give name/address: ______

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: ______

(5) DESCRIBE EQUIPMENT DETAILS

Network: ☐ **(206) CARDnet** ☐ **Nashville** ☐ **BuyPass** ☐ **Other** Nashville **Specify Security Code: (** **)**

QTY	IP/Dial	Equipment Type (i.e. Terminal/ VAR/ Internet)	Model Code and Name	Equipment Track / Version/ Serial #
			Clover Mini	

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

VAR/ Internet/ Software: Name: ______ **(Nashville Only: Product ID #** ______ **Vendor ID #**______

☒ **Auto Settle Time** 8:00 PM ☐ **Debit Cash Back** ______ ☐ **Clerk /Server Entry** ☐ **Retail With Tip** ☐ **QSR-CR/SMT** ***(Convenience/Small Ticket)*** **QSR Print Option** ______

PLEASE SEND COMPLETED INFORMATION TO Petroleum Card Services

Phone: 866.427.7297 • FAX: 775.782.7572 • Email: Applications@pcs4fuel.com• www.pcs4fuel.com

Client Initials _Signature_Initials_Merchant_

PCS2205 (ia) | (6) PROVIDE YOUR OWNER INFORMATION | PCS2205 (ia)

Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Christy Franklin	07/03/1974	412-61-3801	901-497-3517	Onwer	51

Home Address:	City:	State:	Zip:	Owner's E-Mail Address *(Required for Click to Agree)*
99 Polo Run Cv	Byhalia	MS	38611	cflavor2@yahoo.com

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Ricky Franklin	05/29/1966	408-27-9037	901-497-3517	Owner	49

Home Address:	City:	State:	Zip:	Owner's E-Mail Address *(Required for Click to Agree)*
99 Polo Run Cv.	Byhalia	MS	38611	franklinricky315@gmail.com

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership

Home Address:	City:	State:	Zip:	Owner's E-Mail Address *(Required for Click to Agree)*

Owner/Partner/Officer Name:	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership

Home Address:	City:	State:	Zip:	Owner's E-Mail Address *(Required for Click to Agree)*

Controlling Position	D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership
Christy Franklin	07/03/1974	412-61-3801	901-497-3517	Onwer	51

Home Address:	City:	State:	Zip:	Owner's E-Mail Address *(Required for Click to Agree)*
99 Polo Run Cv	Byhalia	MS	38611	cflavor2@yahoo.com

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge)

Non-Taxable Fees:

Application Fee *(Non-Refundable)*	(32I)	$ 0.00
Account Validation Fee *(One-time fee charged at time of boarding)*	(182)	$
Reprogramming Fee	(31A)	$
Debit Set-up Fee	(31B)	$

Billed Monthly Fees

Monthly Service Fee	(335)	$
Minimum Processing Fee	(953)	$ 0.00
Wireless Access Fee Per TID	(60J)	$
Monthly ClientLine® Fee	(32R)	$
eIDS Monthly Fee	(29E)	$
Regulatory Product Fee	(35I)	$ 0.00
Monthly Statement Fee	(323)	$ 25.00
TIN/TFN Blank or Invalid Fee (as applicable)	(181)	$
Merchant Supply Advantage	(413)	$
Network Access Fee – Debit	(420)	$
TranArmor Service Fee	(30L)	$
Gateway Fee	(417)	$
Misc. Fee: ______	(31J)	$

Enhanced Security Package

Enhanced Security Pkg Monthly* ( )	$ 10.00
OR	
Enhanced Security Pkg Annual* ( )	$ 0.00

Authorization and AVS Fees

MC Auth Fee	(030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y)	$ 0.200
Visa Auth Fee	(040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y)	$ 0.200
Discover/JCB Auth Fee	(070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y)	$ 0.200
Amex Auth Fee	(060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y)	$ 0.200
MC/Visa /Discover/Amex Voice AVS	(039, 049, 069, 079, 03A, 04A, 06A)	$ 1.95
MC/Visa/Discover/Amex Voice Auth Fee/VRU	(035, 036, 037, 045, 046, 047, 065, 066, 067, 075 076, 077)	$ 1.95
AVS Fee	(405, 406, 407, 408, 435, 07A, 07B, 07C)	$

Fleet Card Fees

Authorization Fees

Voyager	(0D0, 0D1, 0DV)	$
WEX	(0D4, 0B1, 0BV)	$

Other Payment Fees:

Voyager		
Sales Discount Fee	(766)	%
Wright Express		
Sales Discount Fee	(840, 841, 842, 843)	%
Retrieval Fee	(29I)	$
Chargeback Fee	(29H)	$
Datawire Micronode		
1400 Monthly Fee *(each)*	(354)	$

Other Fees

Early Termination Fee		$
Annual Membership Fee	(294)	$ 0.00
Chargeback Fee	(205, 725, 20L)	$ 25.00
Retrieval Fee	(262)	$ 15.00
Chargeback/ Retrieval Rcv'd Mail	(25F,25B)	$
Chargeback/ Retrieval Sent Mail	(25N,25J)	$
Batch Settlement Fee	(227)	$ 0.000
EBT Purchase/ Return	(029)	$
Visa/ MC/ Disc Access Fee	(241, 197, 526)	$
Amex Access Fee	(26E)	%
Visa Auth Processing Fee (Credit)	(04H)	$
Visa Auth Processing Fee (Debit)	(04J)	$
NABU Fee	(60M, 0B4)	$
TransArmor Txn Fee	(12E)	$
ACH Reject Fee	(401)	$ 25.00
Non Return of Equipment Fee		$
Other: ______		$

Payeezy Gateway– Global Gateway e4

Payeezy Set-up Fee Per TID	(40B)	$
Payeezy Monthly Fee Per TID	(40A)	$
Payeezy Transaction Fee	(OFC)	$

Mobile Pay

Wireless Comm Monthly Fee	(472)	$
Wireless Transaction Fee	(434)	$

Interchange fees will be passed through if applicable: MC Acq. CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq. Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor-Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq. Base II Credit voucher fee credit , Debit, Svc Interreg Fee Debit, Svc Intereg, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual pmts product; Discover Int'l Proc Fee, Int'l Svc Fee, Data Usg Fee.

☐ **Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to $1,000 or more will be accessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.**

Sales Credit & Non-PIN Debit Transaction Fee $ 0.000 (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)		Discount *(Based on Gross Sales Vol.)*		Discount *(Based on Gross Sales Vol.)*		Discount *(Based on Gross Sales Vol.)*		Discount *(Based on Gross Sales Vol.)*
	MC Qual Credit (800)	0.350 %	**Visa Qual Credit** (804)	0.350 %	**Discover Qual Credit** (170)	0.350 %	**American Express Qual Credit** (164)	0.350 %
American Express Sales Credit Transaction Fee $ 0.000 (013, 014)	**MC Qual Non Pin Debit** (850)	0.350 %	**Visa Qual Non-Pin Debit** (854)	0.350 %	**Discover Qual Non-Pin Debit** (964)	0.350 %	**American Express Program Cost** (3AL)	0.150 %

Bundled PIN Debit	**Unbundled PIN Debit– Txn Fee**	**Unbundled PIN Debit Discount Fee**	**Debit PIN Debit Decline Transaction Fee**
(191, Key 0-593) $ ____ **OR**	(018) $ 0.200	(Key 190, 590, 593, 587, 589) ____ % *(plus the applicable network fees)*	(42R) $

Client Initials _Signature_Initials_Merchant_

DBA Name Kingdom Kids Kingdom Kids Hair PalaceHair Palace

PCS2205 (ia) **(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)** PCS2205 (ia)

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) ___%	(001, 002) $___	Visa Non-Qualified Non-Pin Debit	(864) ___%	(154, 155) $___
MC Mid– Qualified Credit	(810) ___%	(611, 612) $___	Discover Qualified Credit	(170) ___%	(015, 016) $___
MC Non-Qualified Credit	(820) ___%	(621, 622) $___	Discover Mid–Qualified Credit	(990) ___%	(717, 718) $___
MC Qualified Non-Pin Debit	(850) ___%	(130, 131) $___	Discover Non–Qualified Credit	(994) ___%	(721, 722) $___
MC Mid– Qualified Non Pin Debit	(870) ___%	(140, 141) $___	Discover Qualified Non-Pin Debit	(964) ___%	(787, 788) $___
MC Non-Qualified Non-Pin Debit	(880) ___%	(150, 151) $___	Discover Mid–Qualified Non-Pin Debit	(968) ___%	(791, 792) $___
Visa Qualified Credit	(804) ___%	(005, 006) $___	Discover Non–Qualified Non-Pin Debit	(978) ___%	(795, 796) $___
Visa Mid– Qualified Credit	(814) ___%	(615, 616) $___	American Express Qualified Credit	(164) ___%	(013, 014) $___
Visa Non-Qualified Credit	(824) ___%	(625, 626) $___	American Express Mid–Qualified Credit	(81C) ___%	(62T, 62U) $___
Visa Qualified Non– Pin Debit	(854) ___%	(134, 135) $___	American Express Non–Qualified Credit	(82A) ___%	(65S, 65T) $___
Visa Mid Qualified Non-Pin Debit	(874) ___%	(144, 145) $___	American Express Program Cost	(3AL) 0.150 %	

Flat Rate

	Discount	Transaction Fee		Discount	Transaction Fee
MC Qual Credit	(800) ___%	(001, 002) $___	Discover Qual Credit	(170) ___%	(015, 016) $___
MC Qual Non-Pin Debit	(850) ___%	(130, 131) $___	Discover Qual Non-Pin Debit	(964) ___%	(787, 788) $___
Visa Qual Credit	(804) ___%	(005, 006) $___	American Express Qual Credit	(164) ___%	(013, 014) $___
Visa Qual Non-Pin Debit	(854) ___%	(134, 135) $___	American Express Program Cost	(3AL) 0.150 %	

☒ **Dues & Assessments (273,274,234, 237,286,27L)** ☐ **Billback** Non-Qualified Surcharge Fee **(excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions.** **(30D) ___ %**

Discount Fees (Based On Gross Sales Volume)

Accept all Mastercard, Visa and Discover Transactions (presumed, unless any selections below are checked)

Mastercard Acceptance
☐ Accept MC Credit transactions only
☐ Accept MC Non-PIN Debit trans only

Visa Acceptance
☐ Accept Visa Credit transactions only
☐ Accept Visa Non-PIN Debit trans only

Discover Acceptance
☐ Accept Discover Credit transactions only
☐ Accept Discover Non-PIN Debit trans only

American Express OptBlue Acceptance
☐ Accept American Express Credit transactions only
☐ Discover Network– PayPal
Discover network– PayPal Credit transactions Only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of trans action, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 18.1 of the Program Guide).

BANKING INFORMATION

First/Last Contact Name at Bank:

Phone Number:

Routing Number: 084304337

DDA: 10227040

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and reviewed a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the internet at: http:// www.pcs4fuel.com.
Client acknowledges and agrees that we, our affiliates and our third party subcontractors and /or agents may use automatic telephone dialing systems to contract at the telephone number (s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event the Client is unable to be reached, even if the number provided is a cellular or wireless number or if client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. 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 the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section.
By signing below, each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to verify the information contained in the this application and to request and obtain from any consumer reporting agency and other sources, including bank reference , personal and business consumer reports and other information and to disclose such information amongst each other for any purposes permitted by law. If the Application is approved, each of the under signed also authorizes us and our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted . Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us and our Affiliates and our third party subcontractors and/or agents . Each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all reference, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.
As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/ or automated electronic computer security screening, by us on our third party vendors.
I further acknowledge and agree that I will not use my 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, or processing and acceptance of transaction in cretin jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC)
Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provide herein are correct.
THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.
Client's Business Principal: *(Please sign below)*

X Signature Christy Franklin (electronic signature obtained on 5/19/2021 at 10:24:20 AM)

Print Name Christy Franklin **Date:** 5/19/2021

Title: ☐ **Pres.** ☐ **V.P.** ☐ **Member L.L.C.** ☐ **Owner** ☐ **Partner** ☐ **Other:** Onwer

Signature Ricky Franklin

Title: ☐ **Pres.** ☐ **V.P.** ☐ **Member L.L.C.** ☐ **Owner** ☐ **Partner** ☐ **Other:** ___

(PROCESSOR): For Petroleum Card Services and Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and Mastercard International, Inc.)
X Signature ___

Print Name ___ **Date:** ___

PCS2205 (ia) **(9) PERSONAL GUARANTY** PCS2205 (ia)

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. Petroleum Card Services are relying upon this Guaranty in entering into the Agreement.

Signature *(Please sign below):*
x Christy Franklin (electronic signature obtained on 5/19/2021 at 10:24:20 AM) **, an individual**

Signature *(Please sign below):*
x _Signature_Guarantor_02_ **, an individual**

Ricky Franklin

Bank Code: ___ ___ ___ **Merchant ID:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **BuyPass Merchant #:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

DBA NAME Kingdom Kids Kingdom Kids Hair PalaceHair Palace *24 (Characters)*

PCS2205 (ia) **BANKING INFORMATION (REQUIRED)** PCS2205 (ia)

First/Last Contact Name at Bank:	Phone Number:

ABA #: 084304337 **DDA #:** 10227040

CHECKLIST INFORMATION

Sales Support ID: ___ ___ ___ ___ **Sales Rep. ID #:** ___ ___ ___ ___ **Print Sales Rep. Name:** ______

HIERARCHY: **Bank:** ___ **Agent:** ___

Corp. : ___ **Chain:** ___ **BuyPass FIID:** ___ ___ ___ ___

CLIENT VISITATION

☐ **Visit Not Required (Lic. Professional)**

1. Zone: ☐ Business District ☐ Industrial ☐ Residential

2. Location: ☐ Mall ☐ Shopping Area ☐ Isolated ☐ Office ☐ Apartment ☐ Home ☐ Other: ______

3. Seasonal: ☒ No ☐ Yes, Mos. in Operation: ______
Mos. Open Between ______ **to** ______

4. External Facility Description (# of Levels/Floors):
☐ 1 ☐ 2-4 ☐ 5-10 ☐ 11 plus

5. Merchant Occupies: ☐ Ground Floor
☐ Other: ______

6. Remaining Floor (s) Occupied by:
☐ Residential ☐ Commercial ☐ Combination

7. Advertising Name Displayed:
☐ Window ☐ Door ☐ Store Front

8. Time Zone (required): ______

9. Approx. Square Footage:
☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001+

10. # of Employees: ______

11. # of Registers: ______

12. Return Policy:
☐ Full Refund ☐ Exchge Only ☒ None

13. Do you have a refund policy for your MC/Visa /Discover® Network sales? ☐ Yes ☐ No
If yes, Check one:
☐ Exchange ☐ Store Credit ☐ Refund Cardholder
If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?
☐ 0-3 ☐ 4-7 ☐ 8-14 ☐ Over 14 days

14. Proper License Visible (Liquor, Tax ID, etc.):
☐ Yes ☐ No, explain: ______

15. Your Previous Processor: ______

16. Your Previous Merchant #: ______

17. Check Reason for Changing:
☐ Rate ☐ Service ☐ Terminated
☐ Other: ______

18. D & B #: ______

19. Do You Have Previous Processor MC/ Visa/Discover Statements? ☐ Yes ☐ No

20. Are customers required to leave a deposit?
☐ Yes ☐ No
If Yes, % of deposit required: ______%
Time Frame for Delivery: ______ **Days**

Comments to Credit Officer (40 Characters): ______

MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: *(check one)* ☐ **01 = Outlet** ☐ **02 = Stmt to Bill To/No Recap** ☐ **07 = Suppress Stmt (No Stmt)** ☐ **08 = Produce Recap, No Stmt** ☐ **09 = Bill to Address/Stmt and Recap** ☐ **10 = Recap to Bill To/Stmt to Outlet**

Statement Type: (check one) ☐ Detail ☐ Summary

Statement Delivery Method: ***(check one)*** ☐ E-Mail ☐ Online ☐ Print and Mail

Statement E-Mail Address: ______

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: *(check one)*
☐ **0 = Each Transfer** ☐ **1 = Debit/Credit Grouped (By Category)** ☐ **2 = Net Transfer Amount Only** ☐ **3 = Net Transfer EOM Fee Combined**

PROCESSING INFORMATION

1. Processing mode: ☐ **EDC:** ☐ **ECR**

2. Funding will be processed DAILY via: ☐ **ACH** ☐ **Bankwire**

3. Bank will fund: ☐ Outlet ☐ Head Office

4. # of Plates: ______ **Long** ______ **Short** ***(will be shipped by ISO)***

5. Fire Safety Act: ☐ Yes ☐ No

6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):
☐ Outlet ☐ Head Office ☐ Other, give mailing information below ☐ No Welcome Packet and Supplies ☐ No Welcome Packet

Name:	First/Last Contact Name:		
Address:	City:	State:	Zip:

DBA Name Kingdom Kids Kingdom Kids Hair PalaceHair Palace **Merchant ID:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PCS2205 (ia) PROCESING INFORMATION (cont'd) PCS2205 (ia)

7. Additional Terminal Features: ***(Check all that apply to ensure timely terminal programming)***

- ☐ **Auto Settle Time ___________ hh ET (military)**
- ☐ **Bar Tab**
- ☐ **Clerk /Server Entry**
- ☐ **Debit Cash Back**
- ☐ **Delayed Ship Date: _______________**
- ☐ **Dial Prefix:** ☐ **Dial 9** ☐ **Other: ________**
- ☐ **Dial Suffix: _________**
- ☐ **E-Commerce**
  - **If IP ______________________________** ***(List Current Provider)***
- ☐ **E-Mail Address: __________________________________**

- ☐ **QSR-CR/SMT** ***(Convenience/Small Ticket)***
  - ☐ **QSR Print Option _____________**
- ☐ **Invoice Number**
- ☐ **Multi-Trans** ***(PC/Register/Software only)***
- ☐ **No Server/ Ticket ID**
- ☐ **Remove Room # Prompt**
- ☐ **Remove Ticket # Prompt**
- ☐ **Retail Gas**
- ☐ **Retail With Tip**
- ☐ **Ship Method (Overnight)**
- ☐ **Tip % Option**
- ☐ **Verify Amount Prompt**

- ☐ **Partial Approval**
- ☐ **Purchase w/Balance Return**
- ☐ **Standalone Balance Inquiry**
- ☐ **Amex Prepaid Program Preference** ***(Choose One):***
  - ☐ **Partial Auth**
  - ☐ **Balance Back**
- ☐ **Other ______________________**

PINPad:

- ☐ **TDES Encryption**
- ☐ **DUKPT**
- ☐ **Access Code # _______________**

Terminal Features: ***(Cont'd)***

	Key Disable	*or*	Password Protect
Credits	☐		☐
Voids	☐		☐
Forces	☐		☐
Reviews	☐		☐
Bal /Settle	☐		☐
Auth Only	☐		☐
Reports	☐		☐
Tip Adjustment	☐		☐

Comments:____
(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

1. What % of total sales represent business to business ***(vs business to consumer):*** **Business to Business ______% + Business to Consumer ______% = 100% (total sales)**

2. What % of bankcard sales represent business to business ***(vs business to consumer):*** **Business to Business ______% + Business to Consumer ______% = 100% (bankcard sales)**

3. What is the time frame from transaction to delivery? ***(% of orders delivered in):*** **0-7 days______% + 8-14 days______% + 15-30 days______% + over 30 days______% = 100%**

4. MC/ Visa /Discover sales are deposited (check one): ☐ **Date of order** ☐ **Date of delivery** ☐ **Other (specify):_______________________________**

5. Who performs product / service fulfillment? ☐ **Direct** ☐ **Vendor** ☐ **Other If vendor, add**

Name:____ Phone: ______________________________

Address: ____ City:______________________ State: ________ Zip: _____________

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

____
____
____
____
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____
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____
____
____

6. Does any of your cardholder billing involve automatic renewals or recurring transactions ***(i.e., cardholder authorizes initial sale only)*****?** ☐ **Yes** ☐ **No**