

Signing Rep: Aimee Jones

CSA-3576-009

Sales Office Phone: 877-251-0778

FAX:

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # _____		Loc. <u>1</u> of <u>1</u>	
PCS2205 (ia)		(1) TELL US ABOUT YOUR BUSINESS	
Client's Business Name (Doing Business As): TRADITION DRUG		Client's Corporate/Legal Name (Use Also For Headquarters' Information): ADA PHARMACY INC	
Business Address: 1131 ARLINGTON ST		Billing Address (If Different Than Location Address): 1131 ARLINGTON ST	
City: ADA	State OK	Zip 74820	City: ADA
Location Phone #: 580-332-5720	Location Fax #:	Contact Name: AARON	HEILAMAN
Business E-mail Address: AARON@TRADITIONDRUG.COM		Contact Phone #: 580-332-5720	Contact Fax #:
Business Website Address: TRADITIONDRUG.COM		Contact E-mail Address:	
Send Retrieval Requests / Fax Type to: ☐ Business Address ☐ Fax #		SIC/MCC 5912	
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) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS

Monthly MC/ Visa/ Discover/ Amex/ Debit Vol. for this Outlet:	\$ 45000.00
Estimated Average Ticket /Sales Amount:	\$ 40.00
Estimated High Ticket Amount:	\$ 350.00

(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 #) 46-1485530 ☐ 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) ADA PHARMACY INC	Federal Tax ID#: (as it appears on your SS 4 form) 46-1485530	☐ I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)
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Mag Swipe 99 % + Keyed Manually 1 % = 100% Product/Services You Sell: Prescriptions Pharmacies

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 #
		Other - see notes		

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 _____ ☐ 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

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(Page 2 of 5)

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: AARON HEILAMAN			D.O.B: 12/22/1977		Social Security #: 440-84-5563		Home Phone: 580-332-5720		Title: Owner	
Home Address: 1731 Augusta Dr			City: ADA		State: OK		Zip: 74820		Owner's E-Mail Address (Required for Click to Agree) AARON@TRADITIONDRUG.COM	
Owner/Partner/Officer Name: Boadie Anderson			D.O.B: 10/08/1972		Social Security #: 442-84-6841		Home Phone: 580-399-5058		Title: Owner	
Home Address: 1202 S Constant			City: Ada		State: OK		Zip: 74820		Owner's E-Mail Address (Required for Click to Agree) Boadie@andersong.com	
Owner/Partner/Officer Name: John Anderson			D.O.B: 10/01/1974		Social Security #: 442-84-6833		Home Phone: 580-272-7837		Title: Owner	
Home Address: 401 E Parkway			City: Ada		State: OK		Zip: 74820		Owner's E-Mail Address (Required for Click to Agree) John@andersong.com	
Owner/Partner/Officer Name:			D.O.B:		Social Security #:		Home Phone:		Title:	
Home Address:			City:		State:		Zip:		Owner's E-Mail Address (Required for Click to Agree)	
Controlling Position AARON HEILAMAN			D.O.B: 12/22/1977		Social Security #: 440-84-5563		Home Phone: 580-332-5720		Title: Owner	
Home Address: 1731 Augusta Dr			City: ADA		State: OK		Zip: 74820		Owner's E-Mail Address (Required for Click to Agree) AARON@TRADITIONDRUG.COM	

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

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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, Iic 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 Usq 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 assessed 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 \$ 0.08 (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788) American Express Sales Credit Transaction Fee \$ 0.15 (013, 014)		Discount <i>(Based on Gross Sales Vol.)</i>		Discount <i>(Based on Gross Sales Vol.)</i>		Discount <i>(Based on Gross Sales Vol.)</i>		Discount <i>(Based on Gross Sales Vol.)</i>
	MC Qual Credit (800)	0.150 %	Visa Qual Credit (804)	0.150 %	Discover Qual Credit (170)	0.150 %	American Express Qual Credit (164)	0.350 %
	MC Qual Non Pin Debit (850)	0.150 %	Visa Qual Non-Pin Debit (854)	0.150 %	Discover Qual Non-Pin Debit (964)	0.150 %	American Express Program Cost (3AL)	0.350 %
Bundled PIN Debit (191, Key 0-593) \$ _____ OR		Unbundled PIN Debit– Txn Fee (018) \$ _____			Unbundled PIN Debit Discount Fee (Key 190, 590, 593, 587, 589) _____ % <i>(plus the applicable network fees)</i>			Debit PIN Debit Decline Transaction Fee (42R) \$ _____

MERCHANT PROCESSING APPLICATION AND AGREEMENT

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DBA Name TRADITION DRUG

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) _____ 0.350 %	

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) _____ 0.350 %	

☒ **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: 081500862 **DDA:** 4150013334

(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 _____

Print Name AARON HEILAMAN **Date:** Signature _____

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

Signature _____

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)
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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 Signature Guarantor 01 _____, an individual

Signature (Please sign below):

x Signature Guarantor 02 _____, an individual

MERCHANT PROCESSING APPLICATION AND AGREEMENT**(Page 4 of 5)**

Bank Code: _____ Merchant ID: _____ BuyPass Merchant #: _____

DBA NAME TRADITION DRUG _____ 24 (Characters)

PCS2205 (ia)	BANKING INFORMATION (REQUIRED)	PCS2205 (ia)
First/Last Contact Name at Bank:		Phone Number:

ABA #: 081500862 DDA #: 4150013334

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:
Heartland
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 OutletStatement 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:

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 5 of 5)

DBA Name TRADITION DRUG

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)	☐ QSR-CR/SMT (Convenience/Small Ticket)	☐ Partial Approval	<u>Terminal Features: (Cont'd)</u>	
☐ Bar Tab	☐ QSR Print Option _____	☐ Purchase w/Balance Return	Key Disable	or Password Protect
☐ Clerk /Server Entry	☐ Invoice Number	☐ Standalone Balance Inquiry	☐	☐
☐ Debit Cash Back	☐ Multi-Trans (PC/Register/Software only)	☐ Amex Prepaid Program Preference	Credits	☐
☐ Delayed Ship Date: _____	☐ No Server/ Ticket ID	(Choose One): ☐ Partial Auth	Voids	☐
☐ Dial Prefix: ☐ Dial 9 ☐ Other: _____	☐ Remove Room # Prompt	☐ Balance Back	Forces	☐
☐ Dial Suffix: _____	☐ Remove Ticket # Prompt	☐ Other _____	Reviews	☐
☐ E-Commerce	☐ Retail Gas	<u>PINPad:</u>	Bal /Settle	☐
If IP _____ (List Current Provider)	☐ Retail With Tip	☐ TDES Encryption	Auth Only	☐
☐ E-Mail Address: _____	☐ Ship Method (Overnight)	☐ DUKPT	Reports	☐
	☐ Tip % Option	☐ Access Code # _____	Tip Adjustment	☐
	☐ Verify Amount Prompt			☐

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) :

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