



5335 Gate Parkway, 4th Floor
Jacksonville, FL 33256
Ph.: (800) 327-0093



☐ New Account	☐ Additional Location Main Location MID:	Office #:
☐ Ownership Change Previous Owner's MID:	Agent Name:	Agent #:

I. BUSINESS INFORMATION (ALL FIELDS IN THIS SECTION ARE MANDATORY)

Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Companies ☐ Non-Profit ☐ Government		
Legal Business Name: (for Sole Proprietorships, enter Principal's name)		DBA:
Federal Tax ID Number(TIN): (for Sole Proprietorship this may be your SSN#)	Web site:	Email:

Important Notice: Failure to provide accurate Legal Business Name, TIN, EIN and/or SSN may result in a withholding of merchant funding per IRS regulations. See section XII 1a-c IRS Reporting - Backup Withholding Certifications.

CORPORATE ADDRESS AND INFORMATION	PHYSICAL ADDRESS AND INFORMATION ☐ Same as Corporate Address
Address:	Address: (No P.O. Box)
City, State, Zip:	City, State, Zip:
Phone: Fax:	Phone: Fax:
Customer Service Phone:	Date Business Started (Mo/Yr):
Contact Name (First/Last):	Number of Locations: MCC SIC Code:

BUSINESS TYPE

☐ Retail	☐ Restaurant	☐ Petroleum Pay at Pump	☐ Charity	☐ Public Sector	☐ SIIPS/Cable Recurring	☐ Timeshare
☐ Retail w/Tip	☐ Fast Food	☐ Petroleum Pay Clerk	☐ Utility	☐ Passenger Transport	☐ SIIPS/Telecom Recurring	☐ Cruise Line / Steamships
☐ Mail/Phone	☐ Lodging	☐ Supermarket	☐ Government	☐ Insurance Bill Pay	☐ Airlines/Carriers	
☐ Internet	☐ Convenience	☐ Car/Truck Rental	☐ Emerging Market	☐ Real Estate Bill Pay	☐ Cash Advance/Banks Only	

Percent of Business (MUST = 100%)	Sales Method (MUST = 100%)	
% Card Swiped / EMV	% Store Front (Cardholder Present)	% Internet Services (eCommerce)
% Keyed (Card Present)	% Mail / Phone Order	% Other, Specify:
% Keyed (Card Not Present)	List all 3 rd -party agents that have access to cardholder data:	

II. PRODUCT ADVERTISING, SALES, AND DELIVERY - DUE DILIGENCE REQUIRED ON QUESTIONS FOR CARD NOT PRESENT MERCHANTS ONLY

1. Description of product sold:	7. How do you advertise? ☐ Catalog ☐ TV or Radio ☐ Direct Mail/Flyers ☐ Internet
2. Do you currently accept Visa/MC/Discover® Network? ☐ Yes ☐ No (if yes, attach 3 months statements)	8. Is your business seasonal? ☐ Yes ☐ No Months _____ to _____
3. When you receive an authorization, how long before the merchandise is shipped?	9. Who owns product? ☐ Merchant ☐ Vendor (Drop Ship Required)
4. What is your return, cancellation, or refund policy? ☐ Refund w/in 7 days ☐ Refund w/in 30 days ☐ Exchange Only ☐ None ☐ Other (Specify) _____	10. Name of fulfillment house, if any:
5. What percentage of sales transactions are with international cards? _____ %	11. List the name(s) and address(es) of vendor(s) from whom the product is purchased:
6. What percentage of your business is Deposits / Future Services? _____ % Percentage Deposit Required: _____ % ☐ Incremental Payments (Percentages _____ % , _____ % , _____ % , _____ %)	

III. ASSOCIATION DISCLOSURE (Visa and Mastercard Member Bank: PNC Bank, N.A., The Tower at PNC Plaza, 300 Fifth Avenue, Pittsburgh, PA 15222 (412) 803-7711)

Important Member Bank Responsibilities: The BANK: (i) is the only entity approved to extended acceptance of Visa and Mastercard products directly to Merchant; (ii) must be a party to the Agreement; (iii) is responsible for and must provide settlement funds to the Merchant; (iv) is responsible for all funds held in reserve that are derived from settlement; (v) is the ultimate authority should Merchant have any problems with Visa or Mastercard products; and (vi) is responsible for educating Merchant on pertinent Visa and Mastercard Rules with which merchants must comply.

Important Merchant Responsibilities: The Merchant must: (i) ensure compliance with cardholder data security and storage requirements; (ii) maintain fraud and chargebacks below Card Association thresholds; (iii) review and understand the terms of the Agreement (including the [Terms and Conditions](#) attached hereto); and (iv) comply with Card Association (including Visa and Mastercard) Rules and applicable laws and regulations. You may download "Visa Rules" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf> and the "Mastercard Rules" from Mastercard's website at <https://www.mastercard.us/en-us/business/overview/support/rules.html>. The Merchant responsibilities listed herein do not supersede the Agreement (including the [Terms and Conditions](#) attached hereto).

Definitions: All capitalized terms used but not otherwise defined in this merchant processing application (this "**Merchant Application**") shall have the meanings assigned to such terms in the [Terms and Conditions](#) attached hereto.

Print Name	Title	Signature X	Date
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IV. PROCESSING VOLUME (ALL CARD TYPES)

Average Ticket	Maximum High-End Ticket	Monthly Bank Card Volume	Monthly Amex Volume
\$	\$	\$	\$

V. MERCHANT SITE SURVEY (TO BE COMPLETED BY SALES REPRESENTATIVE AS APPLICABLE)

Merchant Location: ☐ Store Front ☐ Warehouse ☐ Other ☐ Office Building ☐ Website (DOMAIN REQUIRED) ☐ Residence	Area Zoned: ☐ Commercial ☐ Industrial ☐ Residential	Permanent Signage? Yes ☐ No ☐ Is Business Legitimate? Yes ☐ No ☐	Inventory Consistent with Business? Yes ☐ No ☐
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Business Location: ☐ Owned ☐ Leased

I hereby certify that I have conducted my review of this merchant to the best of my ability and that, to the best of my knowledge and belief, the information set forth in this Application is true and accurate.

Inspected By (Print name) _____ Signature X _____ Date _____

VI. COMMENTS**VII. OWNERSHIP (MUST REFLECT OWNERSHIP OF 25% OR MORE)**

Ownership: Each individual who directly or indirectly owns 25% or more of equity interest of the within named legal entity.

Owner 1	Name	Title	Ownership %	Social Security #	Date of Birth
	Residence Address, City, State, Zip				
	Driver's License # / State	Cell Phone Number		Email Address	
Owner 2	Name	Title	Ownership %	Social Security #	Date of Birth
	Residence Address, City, State, Zip				
	Driver's License # / State	Cell Phone Number		Email Address	
Owner 3	Name	Title	Ownership %	Social Security #	Date of Birth
	Residence Address, City, State, Zip				
	Driver's License # / State	Cell Phone Number		Email Address	
Owner 4	Name	Title	Ownership %	Social Security #	Date of Birth
	Residence Address, City, State, Zip				
	Driver's License # / State	Cell Phone Number		Email Address	

Controller: Any individual with significant management responsibility (example: CEO, CFO, Treasurer, President, VP, etc.)

Controller	Name	Title	Ownership %	Social Security #	Date of Birth
	Residence Address, City, State, Zip				
	Driver's License # / State	Cell Phone Number		Email Address	

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Print Name	Title	Signature	Date
		X	

VIII. EQUIPMENT INFORMATION

Terminals:
 Brand: _____ Model: _____
 Brand: _____ Model: _____

Gateways: Gateway Name: _____	POS/Softwares: POS/Software Name: _____ Version: _____
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Front-end: ☐ Omaha ☐ Nashville ☐ North ☐ Buypass ☐ TSYS **Back-end:** ☐ Omaha ☐ TSYS

IX. CARD ACCEPTANCE

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

Mastercard Acceptance: ☐ MC Credit transactions ☐ MC Non-PIN Debit transactions	Visa Acceptance: ☐ Visa Credit transactions ☐ Visa Non-PIN Debit transactions	Discover Acceptance: ☐ Discover Credit transactions ☐ Discover Non-PIN Debit transactions	American Express Acceptance: ☐ American Express Credit transactions ☐ American Express Opt Out
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See Section 7.2 for details regarding card acceptance.

vs. 05-2024

XII. MERCHANT ACCEPTANCE – IRS REPORTING – CORPORATE RESOLUTION – ASSOCIATION DISCLOSURE – AMERICAN EXPRESS MERCHANT ACCEPTANCE

BY SIGNING BELOW, MERCHANT AGREES TO ALL OF THE FOLLOWING AND CERTIFIES UNDER THE PENALTIES OF PERJURY THAT THE STATEMENTS BELOW ARE TRUE AND ACCURATE:

1. IRS Reporting – Backup Withholding Certifications

- a. **TAXPAYER I.D. NUMBER** - The Tax Payer Identification Number as shown above (TIN) is my correct taxpayer identification number.
- b. **BACKUP WITHHOLDING** - I am not subject to backup withholding, either because I have not been notified that I am subject to withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- c. The above named payee is a U.S. citizen or other U.S. person (including, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States.
- d. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (Not applicable)

2. Merchant Payment Card Agreement Acceptance:

Each person signing below certifies that all information provided in this application is true, correct, and complete. Merchant agrees to be bound by all provisions set forth in this document, including, but not limited to the [Terms and Conditions](#), which is hereby incorporated by reference for all purposes ([Terms and Conditions](#) can be obtained by visiting <https://www.paysafe.com/fileadmin/content/agreements/Paysafe-PNC-TCs-0923.pdf>). Each person signing below authorizes Servicers, as defined in the [Terms and Conditions](#), or any credit reporting agency employed by Servicers or any agent of Servicers, to make whatever inquiries Servicers deems appropriate to investigate, verify or research references, statements or data obtained from the Merchant for the purpose of this application. An additional copy of the [Terms and Conditions](#) will be sent to the business entity indicated above along with the welcome letter upon approval of such business entity to accept payment cards by Servicers. Pursuant to Section 5 of the [Terms and Conditions](#), the initial term is for a length of three (3) years, continuing month-to-month thereafter, unless terminated by any party upon written notice at least thirty (30) days prior to the end of the then existing term. **In the event MERCHANT terminates this Agreement prior to the maturity date of the initial term, MERCHANT SHALL be liable to SERVICERS for an early termination fee per location if terminated before completion of the first year of the Term; or per location if terminated after completion of the first year of the Term but prior to the end of the third year of the Term ("Early Termination Fee").** For detailed information related to the termination rights and obligations set forth in this Merchant Agreement, see Section 6 of the [Terms and Conditions](#), which is a part of this Merchant Agreement.

3. Merchant Acknowledgements and Consents:

MERCHANT and each individual person signing below acknowledges and consents as follows:

- a. The [Terms and Conditions](#), which can be obtained at <https://www.paysafe.com/fileadmin/content/agreements/Paysafe-PNC-TCs-0923.pdf>, together with this Merchant Payment Card Application constitute the AGREEMENT among the parties. MERCHANT is responsible for reading and understanding the [Terms and Conditions](#) and agrees to be bound by all of their terms.
- b. MERCHANT may be enrolled in Additional Services as defined and described in the [Terms and Conditions](#), for which applicable fees will be incurred. MERCHANT acknowledges and agrees that Additional Services are subject to the Merchant Agreement, including the [Terms and Conditions](#) and documents referenced therein. The provisions of the Merchant Agreement regarding Additional Services constitute an agreement solely between MERCHANT and PAYSAFE PAYMENT PROCESSING SOLUTIONS, LLC, a Delaware limited liability company ("PAYSAFE"). MERCHANT specifically authorizes PAYSAFE and its affiliates to collect fees and other charges applicable to Additional Services from MERCHANT's ACH Account (as described below) in accordance with their respective fee schedules as amended from time to time by PAYSAFE pursuant to the ACH Account. The undersigned agree that the signature page of this Application shall also serve as the signature for the Merchant Agreement as applicable to Additional Services, including fees and charges. MERCHANT may cancel Additional Services and avoid further fees for such Additional Services by following the procedures explained in the applicable notice for Additional Services.
- c. MERCHANT acknowledges and agrees that PAYSAFE and its affiliates and their third party subcontractors and/or agents may use automatic telephone dialing systems to contact MERCHANT at the telephone number(s) MERCHANT has provided in this Application, or as may be updated by MERCHANT from time to time, and/or may leave a detailed voice message in the event that MERCHANT is unable to be reached, even if the number provided is a cellular or wireless number or if MERCHANT has previously registered on a Do Not Call list or requested not to be contacted for solicitation purposes. MERCHANT hereby consents to receiving commercial electronic messages (including but not limited to text messages) from PAYSAFE and its affiliates and their third party subcontractors and/or agents from time to time. MERCHANT may withdraw its consent to receive automated calls and/or commercial electronic messages by calling toll free 800-327-0093.

TO MERCHANT: A copy of this Merchant Agreement shall be made available to MERCHANT upon request. However, MERCHANT and the undersigned hereby acknowledge and agree that submission of an Application does not constitute approval and that this Merchant Agreement, will become fully effective and shall be fully binding upon the parties hereto upon PAYSAFE's assignment and issuance of a Merchant Account Number to MERCHANT.

4. Resolution:

FOR ALL MERCHANTS WHO ARE LLCs, PARTNERSHIPS AND/OR CORPORATIONS – RESOLUTION - The indicated officer/partner identified signing below has the authorization to execute the Merchant Payment Card Agreement with SERVICERS on behalf of the herewithin named LLC, partnership or corporation.

MERCHANT AGREES TO ITEMS 1-4 ABOVE BY SIGNING HERE:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Name	Title	Signature	Date
		X	

FAIR CREDIT REPORTING ACT CONSENT: YOU UNDERSTAND THAT BY SELECTING THE I AGREE BOX IMMEDIATELY FOLLOWING THIS NOTICE AND SIGNING BELOW, YOU ARE PROVIDING 'WRITTEN INSTRUCTIONS' TO PAYSAFE PAYMENT PROCESSING SOLUTIONS, LLC ("PAYSAFE") UNDER THE FAIR CREDIT REPORTING ACT, AUTHORIZING PAYSAFE TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT REPORT OR OTHER INFORMATION FROM EXPERIAN AND/OR OTHER CREDIT REPORTING AGENCY ("CONSENT"). YOU AUTHORIZE PAYSAFE TO OBTAIN SUCH INFORMATION IN CONNECTION WITH YOUR APPLICATION FOR COMMERCIAL PAYMENT CARD SERVICES AND ANY OTHER APPLICATION YOU SUBMIT TO PAYSAFE FOR ADDITIONAL SERVICES.

☐ I Agree	Print Authorized Signer #1 Name	Title	Authorized Signer #1 Signature X	Date
☐ I Agree	Print Authorized Signer #2 Name	Title	Authorized Signer #2 Signature X	Date
☐ I Agree	Print Authorized Signer #3 Name	Title	Authorized Signer #3 Signature X	Date
☐ I Agree	Print Authorized Signer #4 Name	Title	Authorized Signer #4 Signature X	Date
☐ I Agree	Print Authorized Signer #5 Name	Title	Authorized Signer #5 Signature X	Date

XIII. PERSONAL GUARANTY

Personal Guaranty: The undersigned Guarantor(s) hereby, individually, agree to the terms set forth in section 31 of this Merchant Agreement. The undersigned Guarantors further agree to pay to SERVICERS all expenses (including attorney fees and court costs) paid or incurred by SERVICERS in collecting such obligations and in enforcing this Guaranty.

FAIR CREDIT REPORTING ACT CONSENT: YOU UNDERSTAND THAT BY SELECTING THE I AGREE BOX IMMEDIATELY FOLLOWING THIS NOTICE AND SIGNING BELOW, YOU ARE PROVIDING 'WRITTEN INSTRUCTIONS' TO PAYSAFE PAYMENT PROCESSING SOLUTIONS, LLC ("PAYSAFE") UNDER THE FAIR CREDIT REPORTING ACT, AUTHORIZING PAYSAFE TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT REPORT OR OTHER INFORMATION FROM EXPERIAN AND/OR OTHER CREDIT REPORTING AGENCY ("CONSENT"). YOU AUTHORIZE PAYSAFE TO OBTAIN SUCH INFORMATION IN CONNECTION WITH YOUR APPLICATION FOR COMMERCIAL PAYMENT CARD SERVICES AND ANY OTHER APPLICATION YOU SUBMIT TO PAYSAFE FOR ADDITIONAL SERVICES.

☐ I Agree	Guarantor #1 Name	Guarantor #1 Signature X	Date
☐ I Agree	Guarantor #2 Name	Guarantor #2 Signature X	Date