

MERCHANT APPLICATION



Date: _____

Bankers' Bank of the West Use Only

Date Received: _____ Date Processed: _____

Institution Prin #: _____ Date Completed: _____

SIC Code: _____ Completed By: _____

ETC Type: 7 B 0 4 OTHER: _____

FDR – ETC MOBILE NASHVILLE COMPASS TSYS OTHER _____

Assigned Merchant Number: _____

Notes: _____

Financial Institution Information: (Institution Submitting Request)

Institution Name: _____ Branch Number (if applicable) _____

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email(s): _____

RUSH REQUEST (check one) Application must be received before 1:00pm MT, Monday-Thursday (\$35 fee applies)

NEXT DAY RUSH (terminal cannot be fully tested prior to shipping) **2 DAY RUSH**

Rush Requests cannot be processed on Fridays or any business day preceding a Federal Holiday

Merchant Location Information as filed with the IRS: ****DO NOT LEAVE ANY FIELDS BLANK****

Merchant DBA Name: _____

25 Characters Maximum

Legal IRS Name: _____

(Exactly as filed with IRS)

Tax Identification # (Must be the 9 digit TIN # assigned by IRS): _____ EIN # or SS#

DBA Physical Address: _____

City: _____ State: _____ Zip Code: _____

DBA Phone Number: _____ Fax Number: _____

Merchant Location Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail(required): _____

Of Years in Business: _____ Length of Current Ownership: _____

Type of Goods or Services Sold (please be as specific as possible for accurate merchant classification):

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Owner Information: (all Owners listed must sign as Owner/Guarantor on page 4 of this application)

Owner/Guarantor Name 1: _____

Valid Identification Number: _____ Drivers License
 Passport Social Security: _____

Residence Street Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ % Ownership*: _____

Owner/Guarantor Name 2: _____

Valid Identification Number: _____ Drivers License
 Passport Social Security: _____

Residence Street Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ % Ownership*: _____

Owner/Guarantor Name 3: _____

Valid Identification Number: _____ Drivers License
 Passport Social Security: _____

Residence Street Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ % Ownership*: _____

(*% of Ownership must equal 100%, no ownership % required on validated Non Profit or Government Entity merchants)

Have any Owners/Officers or major shareholder ever filed Bankruptcy? Yes No If "Yes" Explain: _____

Has the merchant conducted business under any other name? Yes No If "Yes" List name(s) and nature of business: _____

Does merchant currently process with another processor? Yes No If "Yes" Provide specifics: _____

Processor or Bank: _____

Business Profile:

Business Type/Ownership

- Sole Proprietor
- Corporation
- Partnership
- LLC or LLP
- Non-Profit Organization (additional documentation required*)
- Government Entity
- Other Explain: _____

***If Business is registered with IRS as Non Profit, a copy of the 501c3 is required. If unavailable, please provide proof of Non Profit registration which is available at www.guidestar.org.**

Banking and Funding Information:

Type of Account: Checking Savings General Ledger (Financial Institutions only)

Bank Routing Number (ABA): _____ Account Number: _____

(A **VOIDED CHECK** or **BANK LETTER** (on Bank Letterhead signed by a Bank Officer) is **REQUIRED** verifying this information)

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Merchant Rates (must match rates on Schedule A):

Qualified Credit	_____	Regulated Debit	_____	ARU (Telephone)	_____
Mid-Qualified Credit	_____	Qualified Debit	_____		
Non-Qualified Credit	_____	Mid-Qualified Debit	_____		
		Non-Qualified Debit	_____		

Merchant Processing Information:

Type of Merchant:

Electronic/Retail Mobile PC Software/E-Commerce ARU/Touch Tone Lodging (uses Check In/Check Out)

% of Transaction Types (must equal 100%): Card Present _____ Card Not Present _____ Internet/E-Commerce* _____

*If Internet/E-Commerce, please answer the following:

How do you advertise? _____ How are orders fulfilled? _____

Internet/E-Commerce website: _____

What is the timeframe for fulfillment from the time the cardholder is charged?

Equipment:

Please specify the type of equipment (each Merchant will receive a Standard Welcome Package):

Vx520 SwipeSimple (mobile) FD130 (required for Lodging or Wright Express) Manual Imprinter

Other (not indicated above) Specify: _____

Pin Pad (required for Pinned Debit acceptance unless terminal has current, internal encryption) Vx805 FD35 Other: _____

PC Product/Software Software Name (required): _____ Version (required): _____

Internet/E-Commerce Processing Gateway (required): _____

Merchant Owned (quantity: _____) Order through BBW (quantity to order: _____)

Note: All Equipment/Software must be PCI Compliant. Pin Pads will require current, compliant encryption/injection.

Merchant Set-Up Parameters:

(Check ONLY One) Retail Retail with Pinned Debit (not available on Mobile, required for EBT acceptance)

Restaurant (tip adjustment) Lodging (using Check In/Check Out)

Mobile Retail Mobile with Retail Tip (tip prompt, no adjustment capability)

Additional Set-Up Features:

Seasonal (Financial Institution must notify BBW in writing of seasonal open and closures as needed)

Multi-Merchant (equipment must support this feature to run multiple merchant numbers/accounts on same device)

For Multi-Merchant: Will this account be the Primary? Yes No

Other merchant number(s) to be on same terminal: _____

Server IDs (Restaurant only) Number of IDs: _____

American Express (10 digit Merchant Number required): _____ Wright Express Voyager

EBT (Electronic Benefits Transfer/Food Stamps) (7 digit FNS# and copy SNAP permit required) _____

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Equipment/Merchant Location Specifics (not required for Software):

Terminals (all items required):

Communication Line: Ethernet/Digital/Voice over IP Analog/Dial
 Dial Out Access Code Needed: Yes No Access Code Number: _____
 AVS (Address Verification-for manually entered cards only): Yes No
 CVV (Security Code Verification-for manually entered cards only): Yes No

Auto Close (will not be set up by BBW for tip adjustment merchants):

Yes* (if yes, time for auto close required) Time: _____ AM PM No

***Mobile Processing:** Auto Close is REQUIRED and can only be set for on the hour

Merchant Site Survey: (All questions must be completed and signed by a Bank Representative)

Merchant Location: Retail/Store Front Office Building Residence Mobile Merchant
 Other, Specify _____

Area Zoned: Commercial Industrial Residential

Does the name on the store front match the DBA name? Yes No If "No" Explain: _____

Does the inventory appear to be consistent with line of business? Yes No If "No" Explain: _____

Overall Comments:

Inspected By: Signature: _____ Print: _____ Date: _____

Authorized Signatures and Guarantors:

Each person signing below agrees that they have read and agree to the Merchant Services Agreement, including, without limitation, the Guaranty provisions of section 17 therein, and certifies that all information provided in this Application is true, correct and complete. Each person signing this Merchant Application authorizes the Bank or any credit reporting agency employed by the Bank to make any inquiries it deems appropriate to investigate, verify, research data contained in this Merchant Application. During the term of the Merchant Services Agreement, each person signing this Merchant Application authorizes the Bank to perform periodic audits to include inquiries from the reporting agency employed by the bank to ensure merchant continues to meet Bank Approval.

Owner/Guarantor 1:

Agent Bank (Must be an Authorized Signer):

_____ Signature

_____ Signature

_____ Print / Date

_____ Title / Date

Owner/Guarantor 2:

Owner/Guarantor 3:

_____ Signature

_____ Signature

_____ Print / Date

_____ Print / Date

All applications require at least one Owner/Guarantor signature, including Non-Profit Organizations and Government Entities. Anyone listed on this application showing ownership % is required to sign as an Owner/Guarantor.