



MERCHANT CREDIT AND DEBIT CARD PROCESSING AGREEMENT

Agent Code B R 6

BUSINESS NAME(S)
Business LEGAL Name:
Business Name/DBA Name:
Mailing/Billing Address:

MID NUMBER
OFFICE USE ONLY

MERCHANT PROFILE ("BUSINESS")
City, State, Zip:
Business Open Date: Length of Current Ownership: # of Locations:
Contact Name: Expected Monthly Card Sales (\$): Average Ticket (\$):
Phone Number: Fax Number: Type of Business: Type of Goods/Services Sold:
Location Address (if different from Mailing): Current Processor, if Applicable: Site Inspection Performed:
Country: Seasonal Sales: High Volume Months:
Contact Name: Method of Sale: Card Present % Sales to Direct Consumer %
Phone Number: Fax Number: Card Not Present % Business to Business %
TOTAL 100% TOTAL 100%

OWNERSHIP INFORMATION

Ownership Type:
Federal TaxID # (9 digits):
Owner 1/Partner/Officer Name: Title in Business: Equity Ownership: Social Security #:
Home Address: City, State, Zip: Phone Number:
Owner 2/Partner/Officer Name: Title in Business: Equity Ownership: Social Security #:
Home Address: City, State, Zip: Phone Number:

MERCHANT APPLICATION REFERENCES

Bank Reference Name: Contact: Phone Number: Account #:
Trade Reference 1 Name: Contact: Phone Number: Account #:
Trade Reference 2 Name: Contact: Phone Number: Account #:

PLEASE FILL IN BELOW

Does your company or you, manage or own another business which already has a merchant account with Concord? If yes, list name, address and merchant #:
Name of Business Address Merchant #
Have you or any principals of your company or any company you had a financial interest in, been previously terminated by another credit card processor or bank for Visa and MasterCard. If yes, please explain:
Important: I estimate that % of the Visa and MasterCard transactions that will be accepted by the business listed on this application will be card present (either swiped through a credit card terminal or manually imprinted on a credit card sales draft) and % will be card not present (either telephone or mail orders).
The parties hereto agree to each of the terms and covenants set forth below and acknowledge that such provisions are binding upon each of them, their successors, heirs and assigns. In witness whereof, the MERCHANT hereto sets its hand as of this date.
Signature: Title: Name: Date:
Signature: Title: Name: Date:

SCHEDULE OF CHARGES (FEES)

THREE-TIER PRICING

DISCOUNT Rate Tier Description	Discount Rate (%)	\$ Per Item Fee	Qualification Description (Based on Gross Sales and Transaction Volume)
Rate 1	1.59	0.25	Single Authorization required; full mag-stripe read during authorization; all data passed; settled within 2 days of approved transaction date.
Rate 2	Rate 1 + 1.45% + 9 cents	0.25	Authorization required; all data passed; settled within 2 days of approved transaction date. Key entered sales are billed at this rate.
Rate 3	Rate 1 + 1.90% + 13 cents		Authorization required above floor limit; settled within 30 days of approved transaction date.
EIRF	N/A		Authorization is required; transaction is not electronically authorized; full contents of mag-stripe not transmitted for settlement.
Business Card 1 (Electronic) T & E merchants only	Rate 1 + 1.10% + 9 cents		Authorization required and passed in settlement; settled within 2 days of approved transaction date for Visa, 9 days of approved transaction date for MasterCard. Key entered sales are billed at this rate.
Business Card 2 (Standard) T & E merchants only	Rate 1 + 1.34% + 9 cents		Authorization required above floor limit; settled within 30 days of approved transaction date.

MAIL / TELEPHONE ORDER/KEY ENTERED TRANSACTIONS

DISCOUNT Rate Tier Description	Discount Rate (%)	\$ Per Item Fee	Qualification Description (Based on Gross Sales and Transaction Volume)
Rate 1			Authorization required; all data passed; settled within 2 days of approved transaction date. Electronic address verification required.
Rate 2	Rate 1 + .90% + 9 cents	0.25	Authorization required above floor limit; settled within 2 days of approved transaction date. Without electronic address verification.
Rate 3	Rate 1 + 1.40% + 13 cents		Authorization required above floor limit; Settled within 30 days of approved transaction date.

OTHER FEES

Terminal Maintenance Fee (optional \$9.50)	N/A	Discover Authorization/EDC Fee	\$.20 /each
Statement Fee	\$ 10.00 /month	American Express Authorization/EDC Fee	\$.20 /each
Minimum Monthly Discount Fee	\$ 25.00 /month	Diners Authorization/EDC Fee	\$.20 /each
Voice Authorization Fee	\$.50 /each	JCB Authorization/EDC Fee	\$.20 /each
Check Verification Fee	N/A	Debit: _____	\$.65 /
Chargeback Fee	\$ 20.00 /each	EBT: _____	\$.15 /

ELECTRONIC DEBIT/CREDIT AUTHORIZATION

Merchant hereby authorizes Bank, in accordance with this Agreement, to initiate debit/credit entries to Merchant's deposit account, as indicated below. This authority is to remain in full force and effect until (a) Bank has received written notification from Merchant of its termination, in such a manner as to afford Bank reasonable opportunity to act on it and (b) all obligations of Merchant to Bank that have arisen under this Agreement have been paid in full.

Type of account: Checking Only

* A voided check from this account must be attached	Bank Name: _____	Phone: () _____		
	Address: _____	City: _____	State: _____	Zip: _____
	Transit Number: _____	DDA Number: _____		

IMPORTANT NOTICE

All information contained in this application was completed or supplied by all contracting parties. MERCHANT accepts all contractual aspects of the AGREEMENT. MERCHANT understands that this AGREEMENT shall not take effect until signed by NATIONAL CITY BANK OF KENTUCKY & NATIONAL PROCESSING COMPANY. BY ITS SIGNATURE HERETO, MERCHANT ACKNOWLEDGES THAT IT IS IN POSSESSION OF AN IMPRINTER AND HAS RECEIVED A COPY OF THE RULES.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT (INCLUDING FUNDS TRANSFER INSTRUCTIONS ATTACHED HERETO) TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES TO BE EFFECTIVE ON THE DATE SET OUT BELOW

By signing below I certify all information is true and correct and that I am personally guaranteeing all obligations set forth in this agreement

Signature: _____

Name: _____

Date: _____

NATIONAL PAYMENT SYSTEMS, INC. d/b/a CARD PAYMENT SYSTEMS

Signature: _____ Name: Laurence L. Stone

Title: President Date: _____

Company: Concord / CPS

CONTRACTING OFFICER FOR NATIONAL CITY BANK OF KENTUCKY & NPC

Signature: _____ Name: _____

Date: _____

→ *Insert Bank Stamp below or Reproduce on Bank Letterhead*

Date: ____/____/____

BUSINESS D/B/A/ NAME: _____

ACCT#: _____

ROUTING/TRANSIT #: ____ _

AUTHORIZED SIGNER: _____

For the purpose of establishing ACH transfers between banks, I certify that the above information is correct and that the account indicated is able to accept ACH transfers.

SIGNED: _____ TITLE: _____
(Bank Officer)

Bank Phone Number: (_____) _____