Standard Service Agreement Guide

CROSSCHECK			DN/SERVICE EMENT	123STORE NUMBEROFFICEREP. NO
P.O. BOX 6008 PETALUMA, CA 94955-6008				
REGISTERED DBA:			("YOUR STORE")	AND/OR: 5
LEGAL NAME: 6	•			FEDERAL TAX ID#: 7
BUSINESS STREET ADDRESS:	8		-	BUSINESS TELEPHONE: 9
<u>CITY:</u> 10	STATE: 1	1 ZIP:	12	EMAIL ADDRESS: 13
OWNER: 14			_	DRIVER'S LICENSE#: 15
CONTACT NAME:	16			FAX NUMBER: 17
CURRENT CHECK SERVICE: 18	-			CURRENT RATE: 19
CURRENT MONTHLY CHECK SALES: \$	20			TOTAL MONTHLY CHECK LOSSES: \$ 21
AVERAGE CHECK SALE: \$ 22	-			AVERAGE RETURNED CHECK: \$ 23
PRODUCTS OR SERVICES OF APPLICANT:	24			NUMBER OF LOCATIONS APPLIED FOR: 25
POINT-OF-SALE EQUIPMENT TYPE:	2	6		CHECK READER (If applicable): 27

Check Center will assign a 6-digit Store Number to the merchant.

What is the registered "Doing Business As" name of the business?

What is the secondary business name, if applicable?

What is the physical address of the business?

What is the corporate or proprietor fax number?

What is the average dollar amount per check sale?

What is the business phone number?

What is the business e-mail address?

What is the legal name of the company or corporation?

What is the city, state, zip of the business physical address?

What is the name of their current check service provider, if any?

What is the total monthly estimated dollar amount in check losses?

What is the average per check dollar amount on returned checks?

What type(s) of products or services does the company sell? List them.

What is the current total monthly gross check sales revenue?

How many store/office locations is the business applying for?

What type of check reader will the merchant be using?

What type of processing equipment will the merchant be using?

Check Center has assigned a three-letter Office Code for you to use.

What is the Rep Number assigned to the individual sales representative?

What is the Federal Tax Identification number? (Not needed for sole proprietors)

What is the name of the principal owner or officer signing the agreement?

What is the driver's license number for the principal signing the agreement?

What percentage rate is the current service provider charging, if applicable?

What is the name of the primary contact for matters pertaining to this agreement?

- 1. Store Number
- 2. Office
- 3. Rep. Number
- 4. Registered DBA
- 5. And/Or
- 6. Legal Name
- 7. Federal Tax ID#
- 8. Business Street Address
- 9. Business Telephone
- 10-12. City, State Zip
- 13. Email Address
- 14. Owner
- 15. Driver's License
- 16. Contact Name
- 17. Fax Number
- 18. Current Check Service*
- 19. Current Rate*
- 20. Current Monthly Check Sales*
- 21. Total Monthly Check Losses*
- 22. Average Check Sale*
- 23. Average Returned Check*
- 24. **Products or Services**
- 25. Number of Locations
- 26. POS Equipment Type
- 27. Check Reader

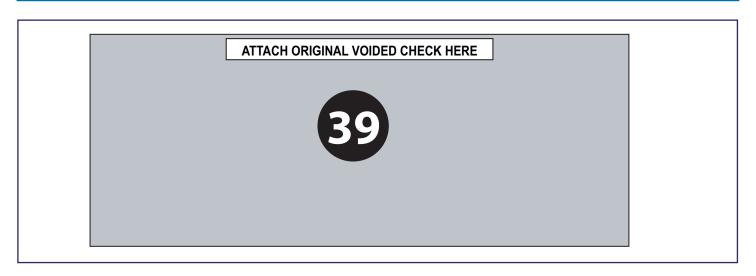
* If this does not apply or is unknown, please indicate with N/A.

MAXIMUM APPROVAL LIMIT \$		
SERVICE TYPE 30	PREMIUMS 31	
Standard 1.89%	Premium Approval (2¢/transaction)	COD Premium (2¢/transaction)
 One Time Application Fee \$295 (non-refundable) 	Multiple Check Premium (2¢/transaction)	Partial Payment Premium (2¢/transaction)
	Disputed Stop Payment Premium (2¢/transaction)	Bank Fee Premium (15¢/transaction)
Attach Voided Check) YOUR STORE(S)' SIGNATURE VERIFIES ALL INFO APPLICATION AND REPRESENTS YOUR STORE(S)' EXF ALL TERMS AND CONDITIONS ON SUBSEQUENT PAG YOUR OFFER TO ENTER INTO AN AGREEMENT. By: 34 Da Print Name: 36 Title: 37	RMATION ON THIS PRESS CONSENT TO APPLICABLE, ACCEPT YOUR CONFIRMATIO AGREEMENT (CORPO	38

28	Maximum Approval Limit	Determine the maximum check approval dollar amount for the merchant.		
29	Monthly Minimum	The standard monthly minimum is \$35.		
30	Service Type	Check all boxes that apply under this heading.		
31	Premiums Packages	Check all premium or enhancement package boxes that apply under this heading.		
32	Bank Account & Routing #	What is the merchant's checking account number and routing number?		
33	Name of Bank	What is the name of the merchant's bank? Please attach a voided check here.		
34	Ву	The principal owner or officer of the company must sign their name here.		
35	Date	What is today's date (month/day/year)?		
36	Print Name	The principal owner or officer of the company must print their name here.		
37	Title	What is the full title of the principal owner or officer signing this agreement?		
38	Check Center's Acceptance	Check Center will complete this information. Leave blank.		

Attach Voided Check 39.

Business to attach voided company check in the space provided.





PETALUMA, CA (800) 843-7354

Please see actual service agreement for complete terms and conditions.

SAY Yes TO CHECKS®