



## Instructions for Completing and Submitting a Merchant Application

If you already have a merchant account, please follow these instructions. If this is your first merchant account, please see below.

- Step 1:** Complete the highlighted sections and fields of the following application and agreement. If your business has multiple owners, you'll need to provide the information requested for all owners.
- Step 2:** Sign where indicated on Page 3.
- Step 3:** Provide copies of the following documents:
- Three recent months of month end merchant statements from your current provider
  - If you accept American Express, one recent American Express statement.
  - Business Tax Registration Certificate or Seller's Permit.
  - Void check for the deposit and billing account.
  - A brief description of your business and/or service provided.
- Step 4:** Fax all documents to (310) 693-2995 / or scan and e-mail to [accounts@strategicmerchantsolutions.com](mailto:accounts@strategicmerchantsolutions.com).

If this is your first merchant account, please follow these instructions.

- Step 1:** Complete the highlighted sections and fields of the following application and agreement. If your business has multiple owners, you'll need to provide the information requested for all owners.
- Step 2:** Sign where indicated on Page 3.
- Step 3:** Provide copies of the following documents:
- Articles of Incorporation or LLC Filing. NOTE: Not required if you're a Sole Proprietor.
  - Business Tax Registration Certificate or Seller's Permit.
  - Void check for the deposit and billing account.
  - A brief description of your business and/or service provided.
- Step 4:** Fax all documents to (310) 693-2995 / or scan and e-mail to [accounts@strategicmerchantsolutions.com](mailto:accounts@strategicmerchantsolutions.com).



Office Name	Rep Name	Rep Phone #	Rep #	Chain #
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PO Box 7717 Thousand Oaks, CA 91359  
888-614-6888 main 805-244-9266 fax StrategicMerchant.com

### MERCHANT APPLICATION & AGREEMENT

Please Print Legibly; Fill Out Completely, and Provide Accurate Information

- New Location  
 Additional Location  
 Owner Change

Merchant Information	DBA Name:		DBA Phone #:		Ext.	
	Contact Name:		DBA Fax #:			
	Cell Phone #:	Federal Tax ID:		Customer Service Phone #:		
	DBA Address:		Web site:			
	City:	State:	Zip Code:	Email:		
	Previous Processor:	Year Established:		Length of Current Ownership:      years      months		
Corporate Information	Legal/Corporate Name:		Legal/Corporate Phone #:		Ext.	
	Legal/Corporate Contact Name:		Legal/Corporate Fax #:			
	Legal/Corporate Address:		Suite:			
	City:	State:	Zip Code:			
Bus Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> C Corp/Private/Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Other (Assn/Estate/Trust)					
	<input type="checkbox"/> Owner/Partner: Percentage of Ownership      %    or <input type="checkbox"/> Officer: Title					
Principal Information 1 (Owner/Partner/Officer)	First Name:	MI:	DOB:	SSN:		
	Last Name:		Home Phone #:	Cell #:		
	Home Address:		DL #:	Exp. Date:	Issuing State:	
	City:	State:	Zip Code:	Email Address:		
	<input type="checkbox"/> Owner/Partner: Percentage of Ownership      %    or <input type="checkbox"/> Officer: Title					
Principal Information 2 (Owner/Partner/Officer)	First Name:	MI:	DOB:	SSN:		
	Last Name:		Home Phone #:	Cell #:		
	Home Address:		DL #:	Exp. Date:	Issuing State:	
	City:	State:	Zip Code:	Email Address:		
	<input type="checkbox"/> Owner/Partner: Percentage of Ownership      %    or <input type="checkbox"/> Officer: Title					
Other Merchant Information	Average Sale Amount: \$		Description of product or services offered:			
	Total Monthly VISA®/MC/Discover Network® Sales: \$		MCC:			
	Card Present (swiped) _____%	<b>For Card Present Transactions</b> , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, _____ # of Days (include shipping time frame) <b>For Card Not Present Transactions</b> , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, _____ # of Days (include shipping time frame) <b>For Internet Transactions</b> , list the product web site:				
	Card Present (not swiped) _____%					
	Mail Order _____%					
	Telephone Order _____%					
	Internet _____%					
	<b>Total = 100%</b>					
	<b>Do you use a fulfillment house or telemarketing company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide the information below: Company: _____ Phone #: _____					
	Address: _____ City: _____ State: _____ Zip Code: _____					
<b>Do you operate seasonally?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please check months <u>closed</u> (Merchant must notify to close and reopen. \$25 per open and/or close): _____ Initials						
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December						
Bank Account	Deposit Bank Name:		ABA/Routing #:	DDA Account #:		
	Billing Bank Name (if different):		ABA/Routing #:	DDA Account #:		

**MERCHANT APPLICATION - Schedule of Fees**

<b>Card Accept</b>	Please check each card you wish to accept. <i>Note: acceptance of card types not selected will result in discount downgrades.</i> <input type="checkbox"/> All VISA®/MasterCards/Discover Cards <input type="checkbox"/> VISA® Credit <input type="checkbox"/> MasterCard Credit <input type="checkbox"/> Discover <input type="checkbox"/> VISA® Debit <input type="checkbox"/> MasterCard Debit <input type="checkbox"/> American Express	<b>Pricing Category</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Lodging	<input type="checkbox"/> ARU
	<input type="checkbox"/> Restaurant		<input type="checkbox"/> Supermarket	<input type="checkbox"/> Auto Rental	
			<input type="checkbox"/> MO/TO	<input type="checkbox"/> Petroleum	<input type="checkbox"/> E-Commerce

Rates are for all card acceptance types selected above				Fee Type	Amt. \$	Per Authorization	Amt. \$
<b>Pricing Information</b>		<b>VISA®</b> Rate% + Per Item	<b>MasterCard</b> Rate% + Per Item	<b>Discover</b> Rate% + Per Item			
	<i>Qualified</i>	____%+\$____	____%+\$____	____%+\$____	Application Fee		VISA®
	Rewards Qual	____%+\$____	____%+\$____	____%+\$____	Installation/Training		MasterCard
	Mid-Qual	____%+\$____	____%+\$____	____%+\$____	Wireless Set-Up Fee		Discover
	Non-Qual	____%+\$____	____%+\$____	____%+\$____	Account Maintenance		AVS
	Debit/Check Card	____%+\$____	____%+\$____	____%+\$____	Statement Fee (per mo.)		E-Commerce Gateway
	Comm/Bus/Corp	____%+\$____	____%+\$____	____%+\$____	Chargeback Fee (per occur.)		ARU Auth Fee
	Other Tier	____%+\$____	____%+\$____	____%+\$____	Retrieval Fee (per occur.)		Foreign Network
		<input type="checkbox"/> Lodging <input type="checkbox"/> Quick Pay/Small Ticket <input type="checkbox"/> Supermarket <input type="checkbox"/> Petroleum			Return Item Fee/NSF		WEX
		<input type="checkbox"/> INT DIFF    Rate% + Per Item                      Rate% + Per Item                      Rate% + Per Item ____%+\$____                      ____%+\$____                      ____%+\$____			Internet (per mo.)		Voice Auth Touch Tone
	<input type="checkbox"/> INT PLUS    Rate% + Per Item                      Rate% + Per Item                      Rate% + Per Item ____%+\$____                      ____%+\$____                      ____%+\$____			Annual Membership Fee		Voice - Operator Assisted	
				Minimum Discount (per mo.)		Voice - With AVS	
				Other		Voice - Bank Referral	
				Other		Batch Header Fee	
				Other		Other	

<b>Debit Networks</b>	Debit Pricing: <input type="checkbox"/> Pass through (Interchange + Markup - ICDIF) <input type="checkbox"/> Pass through (Interchange + Markup - ICPLS) <input type="checkbox"/> Surcharge (Flat Rate)		
	Debit Authorization Pricing <input type="checkbox"/> Pass through (Interchange + Markup - ASSOC) <input type="checkbox"/> Fixed (Flat Rate)		
	Apply to All (If selected, do not fill out individual networks)    ____%+\$____    Auth \$ ____		
	<input type="checkbox"/> ACCL (Accel)    ____%+\$____    Auth \$ ____	<input type="checkbox"/> AFFN    ____%+\$____    Auth \$ ____	<input type="checkbox"/> ALAS (Alaska)    ____%+\$____    Auth \$ ____
	<input type="checkbox"/> MSTO (Maestro)    ____%+\$____    Auth \$ ____	<input type="checkbox"/> NETS    ____%+\$____    Auth \$ ____	<input type="checkbox"/> NYCE    ____%+\$____    Auth \$ ____
<input type="checkbox"/> INKL (Interlink)    ____%+\$____    Auth \$ ____	<input type="checkbox"/> ITS (Shazam)    ____%+\$____    Auth \$ ____	<input type="checkbox"/> CU24    ____%+\$____    Auth \$ ____	
<input type="checkbox"/> STAR (Explore)    ____%+\$____    Auth \$ ____	<input type="checkbox"/> PULSE    ____%+\$____    Auth \$ ____	<input type="checkbox"/> Other    ____%+\$____    Auth \$ ____	

1) I/we understand and agree to the following: that my/our discount rate as stated above will be charged on all electronically authorized and swiped bankcard transactions that are in batches closed daily (qualified rate); 2) and that all bankcard transactions that do not meet the requirements stated in number 1 above will be charged higher than my/our discount rate. Visa/MasterCard business transactions will be charged above qualified swiped rate. 3) Mail/telephone order and electronic commerce transactions will be charged higher than my/our discount rate. Visa/MasterCard business transactions will be charged above swiped rate.

Point of Sale - Equipment and Software				
Qty	Purchase Type	Manufacturer/Brand	Equipment Code	Price Per Unit
	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Existing <input type="checkbox"/> Swap			\$
	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Existing <input type="checkbox"/> Swap			\$
	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Existing <input type="checkbox"/> Swap			\$

<b>Other Card Types</b>	<b>Existing American Express &amp; EBT</b>		Auth Fee	<b>Apply for American Express</b>		
	Amex SE# _____ (10 digits)	EBT _____ (5 digits)	\$ _____	<input type="checkbox"/> ESA <input type="checkbox"/> One Point <input type="checkbox"/> Amex Flat Fee	\$ _____	
			\$ _____	Amex Rate    ____% + \$ ____	Monthly Volume	\$ _____

<b>Site Inspection</b>	Have you physically been on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchant name as it appears on signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is merchandise consistent with type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the physical site inspected the same as the DBA address? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this a retail location? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many days inventory is on hand? _____
	Business located in: <input type="checkbox"/> separate building <input type="checkbox"/> private residence <input type="checkbox"/> shopping center/mall <input type="checkbox"/> office building <input type="checkbox"/> kiosk <input type="checkbox"/> other:	
	I certify that the above information is true, complete and accurate: <input checked="" type="checkbox"/> _____ (Signature of Rep)	
Printed Name:	Rep ID #:	Date:

<b>Substitute Form W-9</b>	Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corp <input type="checkbox"/> Closely Held Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership											
	<input type="checkbox"/> Tax Exempt Organization (include documents that support Exempt Status) <input type="checkbox"/> Other (Assn/Estate/Trust) <input type="checkbox"/> Limited Liability Company – Tax Classification (D=disregarded entity, C=corporation, P=partnership):											
	<b>Business Name (as shown on your income tax return):</b>			<b>TIN (Employer Identification #) or TIN (Social Security #):</b>								
	<b>Address:</b>	<b>State:</b>	<b>Zip:</b>									
<b>Merchant Representations and Certifications</b>	<p>Merchant Representations and Certifications. By signing below, the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon"), with offices at 7300 Chapman Highway, Knoxville, TN 37920, and U. S. Bank National Association ("Member"), with offices at U. S. Bancorp Center, 800 Nicollet, Minneapolis, MN 55402, (collectively, "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Merchant Application and the Terms of Service ("TOS") incorporated herein by this reference and located at our website <a href="https://www.merchantconnect.com/CWRWeb/pdf/TOS_2009_ENG.pdf">https://www.merchantconnect.com/CWRWeb/pdf/TOS_2009_ENG.pdf</a>. If Merchant does not have access to view the TOS at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS.</p> <p>If Merchant terminates within one year of the date set forth below, Merchant will immediately pay Elavon, as liquidated damages, an early termination fee equal to \$295, in addition to all other amounts owed. If Merchant terminates at any time during the second or third year of the date set forth below, the Merchant will pay, as liquidated damages, a termination fee equal to \$195, in addition to all other amounts owed. Merchant agrees that the early termination fee is not a penalty, but rather is reasonable in light of the financial harm caused by Merchant's early termination. Elavon will use best efforts to debit the Merchant's account in the amount of the applicable termination fee within sixty (60) days of receipt of Merchant's written notice of termination.</p> <p><b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.</b> To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.</p> <p>Merchant further acknowledges and agrees that any information provided in connection with this Merchant Application and all other relevant information may be supplied by us to our affiliates. This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.</p> <p>Merchant understands that an authorization code is not a guarantee of acceptance or payment of a transaction. Receipt of an authorization code does not mean that merchant will not receive a chargeback for that transaction.</p>											
	<p>All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Merchant will be charged either the Annual PCI Fee or the Annual Administration Fee described below.</p> <p>Annual PCI Fee of up to \$175, based on connectivity, number of merchant locations and then-current cost to Elavon of the services, will be charged to merchants that use the services of the qualified third party assessor with whom Elavon has partnered. Elavon will waive this fee in year one, charging the fee in subsequent years on or about the anniversary date of account approval. Annual Administration Fee of \$35 will be charged to merchants that use the services of another qualified assessor and attest to PCI DSS validation on the website designated by Elavon. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$20 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.</p> <p><b>Under penalties of perjury, Merchant certifies that:</b></p> <p><b>1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</b></p> <p><b>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</b></p> <p><b>3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen, or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7).*</b></p> <p>American Express Acceptance Agreement - By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("AXP Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Elavon and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates, as defined in the AXP Agreement, to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclosing such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Elavon, AXP, AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be sent a copy of the AXP Agreement and materials welcoming it, either to AXP's program for Elavon to perform services for AXP or AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Elavon servicing program that the entity may be enrolled in American Express's standard Card acceptance program, and the entity may terminate the AXP Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the AXP Agreement.</p>											
	<b>Merchant DBA Name:</b>											
	<b>*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</b>											
	<table style="width:100%; border:none;"> <tr> <td style="width:33%;"><b>Signature: X</b></td> <td style="width:33%;"><b>Printed Name:</b></td> <td style="width:15%;"><b>Title:</b></td> <td style="width:19%;"><b>Date:</b></td> </tr> <tr> <td><b>Signature: X</b></td> <td>Printed Name:</td> <td>Title:</td> <td>Date:</td> </tr> </table>				<b>Signature: X</b>	<b>Printed Name:</b>	<b>Title:</b>	<b>Date:</b>	<b>Signature: X</b>	Printed Name:	Title:	Date:
<b>Signature: X</b>	<b>Printed Name:</b>	<b>Title:</b>	<b>Date:</b>									
<b>Signature: X</b>	Printed Name:	Title:	Date:									
<b>Personal Guaranty</b>	<p>As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s), by signing the Merchant Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including, without limitation, Chargebacks) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the guarantor(s) receive no additional benefit from the guaranty.</p>											
	<table style="width:100%; border:none;"> <tr> <td style="width:33%;"><b>Signature: X</b></td> <td style="width:33%;"><b>Printed Name:</b></td> <td style="width:15%;"><b>SSN#:</b></td> <td style="width:19%;"><b>Date:</b></td> </tr> <tr> <td><b>Signature: X</b></td> <td>Printed Name:</td> <td>SSN#:</td> <td>Date:</td> </tr> </table>				<b>Signature: X</b>	<b>Printed Name:</b>	<b>SSN#:</b>	<b>Date:</b>	<b>Signature: X</b>	Printed Name:	SSN#:	Date:
<b>Signature: X</b>	<b>Printed Name:</b>	<b>SSN#:</b>	<b>Date:</b>									
<b>Signature: X</b>	Printed Name:	SSN#:	Date:									
<b>Corporate Resolution</b>	<p>I certify that I hold the office indicated below of Merchant and am the keeper of the records of that company, organized and existing under the laws of the state indicated below and that the following is a correct copy of certain resolutions adopted at a meeting of the board of directors/general partnership/manager or members of a limited liability company, as appropriate, in accordance with the by-laws or other governing document of the company held on the ____ day of ____ (month), ____ (year):</p> <p>1. Resolved, that any one of the following officers of the company:</p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;"><b>Signature: X</b></td> <td style="width:33%;">Printed Name:</td> <td style="width:15%;">Title:</td> <td style="width:19%;"></td> </tr> <tr> <td><b>Signature: X</b></td> <td>Printed Name:</td> <td>Title:</td> <td></td> </tr> </table> <p>is authorized to:</p> <p>A) execute on behalf of this company a Merchant Application and any agreements or other necessary documents including any amendments; B) execute any document requested from time to time be executed in furtherance of the Merchant Application or relationship resulting therefrom; C) perform all acts that may be necessary to carry out the intent of the Merchant Application and this Corporate Resolution. 2. Resolved, that the Merchant Application and the resulting relationship is ratified and approved; 3. Resolved, that the entities receiving this Merchant Application are authorized to rely upon this Corporate Resolution until advised in writing by a like certification of any changes and are authorized to rely on such changed certification.</p>				<b>Signature: X</b>	Printed Name:	Title:		<b>Signature: X</b>	Printed Name:	Title:	
	<b>Signature: X</b>	Printed Name:	Title:									
	<b>Signature: X</b>	Printed Name:	Title:									
	<input type="checkbox"/> Secretary <input type="checkbox"/> Officer <input type="checkbox"/> Non-Member Manager(LLC) <input type="checkbox"/> Member(LLC) <input type="checkbox"/> General Partner <input type="checkbox"/> Owner			State in which Merchant is organized:								
<table style="width:100%; border:none;"> <tr> <td style="width:33%;"><b>Signature: X</b></td> <td style="width:33%;">Printed Name:</td> <td style="width:15%;">Title:</td> <td style="width:19%;">Date:</td> </tr> </table>				<b>Signature: X</b>	Printed Name:	Title:	Date:					
<b>Signature: X</b>	Printed Name:	Title:	Date:									
<b>Submitted By</b>	To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.											
	<table style="width:100%; border:none;"> <tr> <td style="width:33%;"><b>Sales Rep Signature: X</b></td> <td style="width:33%;">Printed Name:</td> <td style="width:15%;">Rep ID #:</td> <td style="width:19%;">Date:</td> </tr> </table>				<b>Sales Rep Signature: X</b>	Printed Name:	Rep ID #:	Date:				
<b>Sales Rep Signature: X</b>	Printed Name:	Rep ID #:	Date:									
<b>For Office Use Only</b>	Accepted by Elavon, Inc.:											
	Accepted by Member:											