



800 Shames Drive
Westbury, NY 11590
(516)333-3888

Application Type

- New
- Legal Name Change
- Ownership Change
- Fiduciary Change
- Additional location

Merchant Application



Merchant #:	
ICA # 033500	Sic Code:
Association	Chain

Business Information

Merchant's DBA Name:		Merchant's Legal Name:	
Physical Street Address (no PO Box):		Legal Address:	
City, State, Zip:		City, State, Zip:	
DBA Phone:	Fax:	Corp Phone:	Fax:
Contact Name (at this address):	Email:(required for internet)	Contact Name (at this address):	Email:(required for internet)
Merchant's Customer Service Phone# (required for cnp)		Website Address (Required Internet Merchants)	

Merchant Profile Number Of locations: Visa/MasterCard/Discover Information

Type of Ownership	Market Type: (Select only one)	Sales Profile (must equal 100%)
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Retail <input type="checkbox"/> Super Market	Card Swipe %
<input type="checkbox"/> Tax Exempt (501C) <input type="checkbox"/> LLC <input type="checkbox"/> Professional Assoc	<input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging	Keyed (w/Imprint) %
Type of goods or Service sold:	<input type="checkbox"/> Emerging MKT <input type="checkbox"/> Utilities	MO/TO %
Years in business under current ownership:	<input type="checkbox"/> MO/TO <input type="checkbox"/> Auto Rental	Internet %
Federal Tax ID#	<input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate	Total = 100%
Do you currently accept Visa/MC/Discover: O Yes O No	<input type="checkbox"/> E-Commerce <input type="checkbox"/> Other	

Does the Merchant accept transactions before the customer receives product or services? O Yes O No
 How long does customer wait before product is delivered (in days)? _____
 Does the Merchant offer warranties, dues, subscriptions, memberships or other extended services? O Yes O No
 If Yes for how long in weeks _____
 Is the Merchant Seasonal? O Yes O No If yes when is Merchant Closed ? _____

Annual Visa/MasterCard/Discover Sales \$ Average Ticket \$ _____

Member Bank (Acquirer) Information For Debit Sponsorship

Palm Desert National Bank Phone #: 760-340-1145	Carrolton Bank Phone #: 610-536-7355
72-750 El Paseo, Suite C2	1740 E. Joppa Rd, Suite 206
Palm Desert, Ca 92260	Baltimore, MD 21234-3633

Cardholder Data Storage Compliance

1. Are you going to use a POS terminal, software or gateway application from IRN? O Yes O No
 (If Yes, go to Question #4 & select "No", if No go to Question #2)
 2. Are you using a dial-up terminal? O Yes O No (If Yes go to Question #4 & select "No", If No go to Question# 3
 3. a) What third party software company/vendor did you purchase your POS application from? _____
 b) What is the name of the third party software? _____ Version# _____
 c) Do you process through any other third party, web hosting or payment gateway company? O Yes O No
 If Yes who is it _____ Please continue to Question # 4
 4. a) Do you or your vendor receive, pass, transmit or store the full cardholder number electronically? O Yes O No
 b) If Yes, where is card data stored? Check all that apply O Merchant O Third Party O Other _____
 c) Are you or your vendor PCI/DSS compliant? O Yes O No If Yes you must complete 4d.
 d) What is the name of your Qualified Security Assessor? _____ Date of compliance _____
 5. Have you ever experienced an account data compromise? O Yes O No If Yes when? _____
 Card Association requirements dictate it is prohibited to store track data in any circumstance. Further, It is recommend that no merchant or a merchant's third party vendor store cardholder data. If you or your vendor store data, you or your vendor are required to be PCI/DSS compliant. Failure to adhere to these requirements may result in fines or loss of card acceptance

Correspondence	DBA Address	Corp Address	Other
Rep Code:	Rep name:	Rep Phone#:	

For questions regarding your Merchant Application and/or Card Services Agreement contract, contact; IRN, attn: Customer Service 800 Shames Dr. Westbury, NY 11590 or call 800-366-1388 Note: Billing disputes must be forwarded in writing to Customer Service within 60 days of the date of the statement and /or notice. Merchant expressly waives such claim that is not brought within the time periods stated herein. **Merchant Initials** _____

INITIAL HERE

Credit/Debit Card Services and Fee Schedule*

Plan Type	Auth Fee	Discount Rate	Per Item	Add'l AVS	Dues & Assessments
Visa Credit	\$ _____	_____ %	\$ _____	\$ _____	_____
Visa Bus. Card	\$ _____	_____ %	\$ _____	\$ _____	_____
Visa Supermarket	\$ _____	_____ %	\$ _____	\$ _____	_____
Visa Check	\$ _____	_____ %	\$ _____	\$ _____	_____
Visa Rewards	\$ _____	_____ %	\$ _____	\$ _____	_____
MasterCard Credit	\$ _____	_____ %	\$ _____	\$ _____	_____
MasterCard Bus. Card	\$ _____	_____ %	\$ _____	\$ _____	_____
Debit MasterCard	\$ _____	_____ %	\$ _____	\$ _____	_____
MasterCard Enhanced	\$ _____	_____ %	\$ _____	\$ _____	_____
Mastercard Supermarket	\$ _____	_____ %	\$ _____	\$ _____	_____
Mastercard Worldcard	\$ _____	_____ %	\$ _____	\$ _____	_____
Discover Credit	\$ _____	_____ %	\$ _____	\$ _____	_____
Discover Bus Card	\$ _____	_____ %	\$ _____	\$ _____	_____
Discover Check	\$ _____	_____ %	\$ _____	\$ _____	_____
Discover Supermarket	\$ _____	_____ %	\$ _____	\$ _____	_____
Discover Rewards	\$ _____	_____ %	\$ _____	\$ _____	_____
EBT	\$ _____	NA %	\$ _____	\$ _____	Amex Existing #
American Express	\$ _____	_____ %	\$ _____	\$ _____	_____

American Express Monthly Flat \$7.95 Yes

Merchant FNS # _____ Cash Benefits: Yes No Daily Discount Yes No

Surcharge Table	Percent	Per Item	American Express
Mid/Partial Qualified %	_____	_____	<input checked="" type="checkbox"/> \$0.10 trans fee + 0.30% CNP Downgrade for RETAIL
Non-Qualified %	_____	_____	<input checked="" type="checkbox"/> \$0.015 trans fee for SERVICES, WHOLESALE & ALL OTHER
Worldcard	_____	_____	

* The foregoing discount rate, per item and authorization fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type, which qualifies merchant for the most favorable interchange rates available for such payment type. Transactions that do not qualify for the most favorable interchange rates will be subject to surcharges up to the foregoing amounts in addition to the rate quoted as set forth in the mid/partial or non qualified boxes.. See the card services Terms & Conditions for more information regarding non-qualifying surcharges.

Other Fees

\$ _____ Statement Fee	\$ _____ Wireless Service Fee (monthly)	
\$ _____ Annual Membership Fee	\$ _____ Wireless Activation Fee (one time charge)	
\$ _____ Minimum Monthly Discount	\$ _____ Gateway Fee (monthly internet)	
\$ 20.00 Chargeback Fee	\$ _____ Pin Based Debit per item fee	\$ _____ Debit Statement Fee
\$ 7.50 Retrieval Fee	\$ _____ Minimum Monthly Debit Fee	\$ _____ On Line Viewing
\$ 25.00 Non-Sufficient Funds	\$ 0.75 Voice Authorization Fee	\$ _____ Imprinter Plate Fee
\$ 1.25 Voice AVS Fee (per occurrence)	\$ _____ Visa/MasterCard/Discover Network Fee	
\$ _____ Batch/ACH Fee (per occurrence)	\$ _____ Other _____	
\$ _____ Programming/shipping Charge (one time)	\$ _____ Other _____	
\$ _____ Non-Refundable application fee (one time)	<input checked="" type="checkbox"/> Termination Fee per section 13 of the Card Services Terms & Conditions	

Owner/Officer Information

Name:	Title:	DOB:	Social Security Number	Home Phone #:	
Home Address:	City	State	Zip	Yrs there	Own/Rent
Former Address (if less than 1 yr at current address)	City	State	Zip	Yrs there	Own/Rent
Name:	Title:	DOB:	Social Security Number	Home Phone #:	
Home Address:	City	State	Zip	Yrs there	Own/Rent
Former Address (if less than 1 yr at current address)	City	State	Zip	Yrs there	Own/Rent

Bank Information

Bank Name: _____ Bank Phone #: _____
 Routing Transit Number _____ DDA/Checking Account# _____

Acceptance of Merchant Authorization, Merchant Application and Card Services Agreement (Terms & Conditions).

Your Card Services Agreement is between IRN Payment Systems ("IRN"), the Merchant named above, Palm Desert National Bank, ("PDNB"), the Member, and if applicable, the Debit Sponsor named above. PDNB is a member of Visa, Inc. ("Visa"), MasterCard International, Inc (MasterCard); and a registered acquirer for Discover Financial Services, LLC. ("Discover"). IRN is a registered independent sales organization of Visa, Discover and a member service provider of MasterCard.

A copy of the Card Services Terms & Conditions has been provided to you. Please sign below to sign that you have received a copy of the Card Services Terms and Conditions and that you agree to all the terms and conditions contained therein. If this Merchant Application is accepted for card services, Merchant agrees to Comply with the Merchant Application and the Card Services Terms & Conditions as may be modified or amended in the future. If you disagree with any Card Services Terms & Conditions, do not accept service.

IF MERCHANT SUBMITS A TRANSACTION TO IRN HEREUNDER, MERCHANT WILL BE DEEMED TO HAVE ACCEPTED THE CARD SERVICES TERMS & CONDITIONS.

Merchant hereby authorizes IRN to initiate and/or transmit automatic credit and/or debit entries to the Account and depository identified Merchant by attached voided check (hereinafter, "Merchant Account"). Said authority includes, but is not limited to, the initiation and transmission of such entries, request, billings, fees, accounts payable, or orders as may be necessary to charge or collect from merchants Account any fees or other amounts payable or owed by Merchant to IRN, its affiliates, partners, assigns or any other like entity involved in providing services or equipment related to the Merchant Services Agreement; and to initiate and transmit or suspend such entries, request or orders as may be necessary to grant or effect or revoke conditional credit with respect to any entry or group of entries, merchant expressly acknowledges that any fees or payments due or payable to IRN under any agreement constitutes a debt which is accepted by Merchant free from any discharge in any bankruptcy proceedings including but not limited to 11 U.S.C523(4) and/or U.S.C523(6).


I, the merchant understand that all non-swipe transactions and/or voice authorized approvals, must require an imprint of the specific card accompanied along with the card-holders signature. I further understand that failure to comply with this set of procedures can result in the processing institution denial or reject of that partial transaction. This procedure is in direct compliance with Visa/MasterCard/Discover standard regulations.

By signature on behalf of Merchant, you certify that all information provided in this Merchant Application is true and accurate and you authorize IRN and IRN on member's behalf, to initiate debit entries to Merchant's checking account(s) in accordance with the Card Services Terms & Conditions. In addition, by your signature below on behalf of Merchant, you authorize IRN to order a consumer credit report on Merchant and you.

Merchant's Signature  **Name (printed):** _____ **Title:** _____ **Date:** _____

Personal Guaranty

I/We hereby guarantee to IRN, PDNB and Debit sponsor, their successors and assigns, the full, prompt, and complete payment and performance of the Merchant and all of the Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Card Services Agreement made by or agreed to by IRN, Member, Debit Sponsor and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by merchant, and all other notices or demands regarding the Card Services Agreement. I/We agree to provide to IRN, Member, and/or Debit Sponsor any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships and employment information. I/We have read, and understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application.

Signature of Guarantor: (please sign below)  an individual **Name (printed):** _____

Signature of Guarantor: (please sign below)  an individual **Name (printed):** _____

Signature of Witness: (please sign below)  an individual **Name (printed):** _____ 

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will be include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms & Conditions") will be sent to such entity along with a Welcome Letter. By accepting the American Express Card for purchase of goods and/or services, or otherwise indicating its intention to bebound, the entity agrees to be bound but the Terms& Conditions

Merchant's Signature  **Name (printed):** _____ **Title:** _____ **Date:** _____

Merchant Site Survey

Merchant Location

- Store Front
 Trade Show
 Flea market
 Office Building
 Residential
 Kiosk
 Warehouse
 Other _____

The Merchant

- Owns
 Leases the Business Premises

Landlord name:

Landlord Telephone #

Comments:

I hereby verify that I have physically inspected the business premises of the merchant at this address and the information stated above is correct to the best of my knowledge and belief.

Representative Signature X Date: _____

Print Name: X

Office Number: _____

Touchtone Capture

- By checking here I agree to a 3 day delay of funds.

A YfW UbhF Yk UFXg'BYfk cf_

() Enroll me in Merchant Rewards Network (Rewards Program)

Merchant agrees to the Terms & Conditions of the Rewards Program as stated on www.MRNRewards.com. By accepting Reward Dollars from MRN hereunder, merchant will be deemed to have accepted terms and conditions of MRN.

Additional Services/Special Instructions

Attach Voided Check
(Must match DBA or Legal Name)

Merchant Initials  INITIAL HERE

Member Bank (Acquirer) Information

Acquirer Name: Palm Desert National Bank
Acquirer Address: 72-750 El Paseo, Suite C2, Palm Desert, Ca 92260, Attn: ISO_PDNB
Acquirer Phone: 760-340-1145

Important Member Bank (Acquirer) Responsibilities

1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
2. A Visa Member must be a principal (signer) to the Merchant Agreement.
3. The Visa Member is responsible for educating Merchants on pertinent Visa operating Regulations with which Merchants must comply.
4. The Visa Member is responsible for and must provide settlement funds to the Merchant.
5. The Visa Member is responsible for all funds held in reserve that are derived from settlement.

Merchant Information

Merchant Name: _____

Merchant Address: _____

Merchant Phone: _____

Important Merchant Responsibilities

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below thresholds.
3. Review and understand the terms of the merchant Agreement.
4. Comply with Visa Operating Regulations.
5. Change passwords on a regular basis and make passwords more complex using combinations of letters, numbers, and upper and lower cases.
6. Keep your customers records and personal information in locked cabinets.
7. Communicate good security practices to your employees.
8. Securely dispose of any paper files with card holder data. Cross-shredding is them most common and safest disposal method.
9. Don't send card holder data over any form of unsecured email.
10. Use anti-virus programs on your computers and make sure their signature files are up to date.
11. If you have an Internet connection, make sure you have a firewall and it is properly configured by your Internet service provider.
12. Never store magnetic stripe data or CVV or CVV2 (card verification value) data.
13. The merchant is responsible for the truncation and/or redaction of Credit/Debit card-holders account numbers and expiration date on all receipts from the processing equipment, regardless of whether the equipment has been provided by IRN or previously existing. IRN makes NO representation or warranties as to the function, usability or software of the processing equipment. If the equipment used does not properly truncate or redact card-holder account numbers and expiration date, Merchant must notify IRN immediately. Failure to properly truncate or redact card-holders account number or expiration date will subject the Merchant to substantial potential liability and penalties. IRN is not liable under any circumstances for any failure on the part of the Merchant or processing equipment to properly truncate or redact card-holders' account numbers and expiration date.

The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure you the Merchant understands some important obligations of each party and that the Visa Member (acquirer) is the ultimate authority should you the Merchant have any problems. I have read and agree.



Merchant's Signature: _____  Date: _____

Merchant's Printed Name: _____ Title: _____