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Merchant Services Request Set Up Information Sheet

Credit Cards Terminals – Virtual Terminals & Any Other Devices

BUSINESS INFORMATION: PLEASE TAKE THIS INFO. FROM THE ORIGINAL IRS DOCUMENTS

Legal Name
DBA Name
Starting Date
Physical Address
Email address
Buisness Phone
Web Site
Federal Tax Id
Food Stamp License

Cell #

Fax #

BUSINESS TYPE
(Check All that Apply)

Restaurant
SuperMarket
Grocery
Retail Store
Telephone Order
Online Orders
Other

SUBMISSION:

Fax 1-509-463-8926 or Email to: Info@ccssusa.com

INCLUDE THE FOLLOWING:

- **Marketing Material or Any Printed Advertising**
- **3 most recent bank statements (displaying company address)**
- **3 most recent Visa, MC, Discover & Amex processing statements (if any)**
- **Blank VOIDED check from company account**
- **Articles of Incorporation or Certificate of Organization (The Principal Suppose Appear as President or Member)**
- **DBA certification (if applicable)**
- **State Business Licenses**
- **Federal Tax ID / EIN (Form IRS – Not From City Or State)**
- **Driver License – Full Color ID – PDF or ID /Passport**
- **ISO Name:**
- **ISO #**

****OFFICERS/OWNERS INFORMATION: USE DRIVER'S LICENSE TO COMPLETE**

Full Name
Mailing Address
Home Phone #
Cell #
Date Of Birth
Social Security #
Driver License # **Exp. Date**

****OFFICERS/OWNERS INFORMATION: USE DRIVER'S LICENSE TO COMPLETE**

Full Name
Mailing Address
Home Phone #
Cell #
Date Of Birth
Social Security #
Driver License # **Exp. Date**

By Signing and faxing or emailing us your Merchant Application, you certify that (i) you are authorized to apply on behalf of their company whose full legal name appears above under the Company Information portion of the Merchant Application for a Merchant Services Account from us and (ii) all information you provide within the Merchant Services Application and other supporting documents is true and complete and that you will notify us of material changes to such information. You understand and agree that we and our agents and assignees are authorized to contact third parties to make inquiries in evaluating your Merchant Services Application (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit bureau's name and address/ You understand and agree that we may provide credit and other information from the Merchant Services Application and on the signing individual(s) and the company with third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and/or the company. All Merchant Services program are based under terms & conditions agreements of our Merchant Services providers partners.

Signature:

Title:

(Pres, V. Pres, and Owner)

Date:

Signature:

Title:

(Pres, V. Pres, and Owner)

Date:

12. SITE INSPECTION (Completed by Sales Agent)

I have personally conducted a Site Inspection for this merchant, visually inspected the merchant's inventory (if applicable), verified the merchant's payment application is PA-DSS (Payment Application Data Security Standards) validated (if applicable) and represent that the information in this merchant application is accurate, as to the best of my knowledge. I am subject to criminal penalties and/or financial losses for false or misleading information.

Sales Agent Name (printed) _____ Signature X _____

13. SIGNATURES

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version 1709) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-13) and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or internet order. However, if your Application is approved based upon contrary information stated in Section 7, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement appearing in the Third Party Section of the Program Guide. If selected, the undersigned Client being the "Leasee" for purposes of such Equipment Lease Program. Client authorizes UNIFIED PAYMENTS ("UNIFIED") and Member Bank selected on page one of the Merchant Processing Application and Agreement ("BANK") and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes UNIFIED and BANK and their respective agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned also authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application. If the Application is approved each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

Client authorizes UNIFIED and BANK and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with the equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C Section 5361 et seq., as may be amended from time to time or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

CIP – Card Identification Program

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying documents.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by UNIFIED and BANK.

Client's Business Principal/Officer

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Signature X _____ Title _____

Print Name of Signer _____ Date _____

Personal Guarantee: In exchange for PRIORITY and BANK (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature X _____ Print Name: _____ Title _____

Personal Guarantee Signature X _____ Print Name: _____ Title _____

Accepted By
Unified Payments, LLC
3363 NE 163rd Str., Suite 705, North Miami Beach, FL33160

Accepted By
Merrick Bank
Mailing address: 135 Crossways Park Drive North, Ste A100, Woodbury, NY 11797

Signature X _____

Signature X _____

Title _____ Date _____

Title _____ Date _____

PART IV: CONFIRMATION PAGE

PROCESSOR Name: Priority Payment Systems
INFORMATION: Address: P.O. Box 246, Alpharetta, GA30009-0246
URL: www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf **Customer Service #:** 1-855-813-5293

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20 of the Card Processing General Terms.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in Part III, A.3 under "Additional Fee Information."
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NONCANCELABLE LEASE FOR THE FULL TERM INDICATED.**
10. **For questions regarding your Merchant Processing Application and Agreement, please contact Customer Service at 1-855-813-5293, and/or refer to Important Phone Numbers on the Additional Important Information Page, Part III, Section A.4.**
11. **Card Organization Disclosure**
Visa and MasterCard Member Bank Information as indicated below by agent:

Merrick Bank
Mailing Address: 135 Crossways Park Drive North, Suite A100, Woodbury, NY 11797, and its phone number is (800) 267-2256.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserves that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization rules.
- e) Retain assigned copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: http://usa.visa.com/merchants/operations/op_regulations.html
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules/htm>

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Program Guide [version PPS1709] consisting of 50 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

www.prioritypaymentsystems.com/manuals/PPS1709programguide.pdf

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X _____

Please Print Name of Signer

Title

Date