

Associated Merchant Name:	
Merchant Email:	

SOFTWARE ADDENDUM		
SOFTWARE OPTIONS		
Groovv Online Payments	Groovv mPOS	
☐ Groovv Online Payments \$ Monthly Fee \$ Per Auth	mPOS MP200 \$ Monthly Fee \$ Per Auth	
☐ 3rd Party Software Name:	Included: Groovv MP200 payment device, virtual terminal, hosted-pay page,	
Version #:	recurring billing, and inventory management.	
Value Added Services:		
Groovy elnvoicing \$Monthly Fee	Value Added Services:	
Device? ☐ Yes ☐ No	Groovv eInvoicing \$ Monthly Fee	
Integrated Payments ☐ Groovv Payment Plugin	Authorize.Net Authorize Net (Retail) Authorize Net (Moto)	
Groovy Payment Plugin		
Device: CT220	\$Monthly Fee \$ Per Auth Value Added Services:	
Browser: ☐ Chrome ☐ Firefox ☐ Internet Explorer	Fraud Suite Automatic Recurring Billing Customer Info Manager	
· · · ·	Supplied by Sales Partner?	
Software Name:	☐ Yes ☐ No	
Version #:	*If not supplied by sales partner, a gateway fee must be listed on the schedule of fees.	
Other		
☐ Other Software		
Name:	Version #:	
Operating System:	Platform:	
Windows ver:	☐ East	
Mac OS ver:	☐ Visanet / TSYS *No Debit available on Visanet / TSYS	
CARDHOLDER I	DATA STORAGE	
PCI DSS and card association rules prohibit storage of track data under any	r circumstances . If you or your POS system transmits, stores or receives full nt and you (merchant) must validate PCI DSS compliance (section 2 below).	
1. Have you ever experienced an account data compromise? Yes	No If yes, when	
 Have you validated PCI DSS (Payment Card Industry Data Security S (validation consists of merchant completing the appropriate Self Asses (QSA) who will facilitate completion of a Report on Compliance (ROC) If yes, please complete the following, if no, you can move to question 3 	ssment Questionnaire (SAQ), or engaging a Qualifi ed Security Assessor and it's submission.)	
a. Date of compliance, Report on Compliance "ROC" or Self Asse	ssment Questionnaire "SAQ"?	
b. What is the name of your Qualifi ed Security Assessor "QSA" _		
or Self Assessment Questionnaire (circle one "SAQ") A, B,	C, or D	
c. Date of last scan Approved Scanning V	'endor's Name:	
Are you using (a) a point of sale terminal provided by us, or (b) a phys you use to process your credit/debit card transactions), or (c) our touc		
 After initial authorization and settlement, do you or your Service Provide "FCN", electronically? 	der receive, transmit, or store the Full Cardholder Number	
a. If yes, where is it stored? Merchant Location Only Prim	nary Service Provider Both Other Service Provider All Apply	
b. What Service Provider / Software Developer did you purchase	your POS application / device from?	
c. What is the name of the software /system?	What is the version number?	
Do your transactions process through any other Service Provider (ie w		
If yes, what is the name of the other Service Provider?		
COMMENTS		

SIGN HERE

Signature Principal or Corporate Offi cer

Print Name

Date