



PBS Merchant Application

Fax to 877-852-1144

Sales Rep: _____ Rep Code: _____



DBA Name: _____

DBA Address (must be physical address): _____

City, State, Zip: _____

Contact _____ E-mail address: _____

Website: _____

Business Phone: _____ DBA Fax: _____

Legal Name: _____

Legal Address: _____

City, State, Zip: _____

Contact _____ E-mail address: _____

Legal Phone: _____ Legal Fax: _____

Name (as it appears on income tax return) _____

Fed Tax ID: _____ ☐ EIN ☐ SSN Date Est. M/D/Y: _____ # of Years Owned: _____

Biz Structure: (check one) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC State Filed: _____

Statement/Billing Address: ☐ Legal ☐ DBA Tax Address: ☐ Legal ☐ DBA

BUSINESS INFORMATION

Location Description: _____ Services/Products Sold: _____

Are you a Seasonal Merchant? ☐ Yes ☐ No If yes, months closed? _____

Avg. Ticket \$: _____ High Avg. Ticket \$: _____ Avg. Monthly Volume \$: _____

Card Present _____% Card Not Present: _____% (CP/CNP must equal 100%)

Swiped _____% Key-Entered _____% MO/TO (Catalog): _____% Internet: _____% (Must equal 100%)

Refund Policy: ☐ no refund ☐ merchandise exchange only ☐ 30 days or less ☐ other _____

OWNERSHIP INFORMATION

Owner #1 Name: _____ Title: _____ % of Ownership: _____

Date of Birth: _____ Social Security #: _____

Driver's License Number: _____ Issue Date: _____ Expiration Date: _____ State: _____

Home Address: _____ City, State, Zip: _____

Home Phone #: _____ Cell Phone: _____

Prior Bankruptcy? Business ☐ Yes ☐ No Personal ☐ Yes ☐ No If yes, date of discharge? _____

Owner #2 Name: _____ Title: _____ % of Ownership: _____

Date of Birth: _____ Social Security #: _____

Driver's License Number: _____ Issue Date: _____ Expiration Date: _____ State: _____

Home Address: _____ City, State, Zip: _____

Home Phone #: _____ Cell Phone: _____

Prior Bankruptcy? Business ☐ Yes ☐ No Personal ☐ Yes ☐ No If yes, date of discharge? _____

BANK INFORMATION: PLEASE ATTACH A VOIDED CHECK OR BANK LETTER WITH ACCOUNT, ROUTING NUMBER AND BUSINESS NAME ON IT. (No deposit slips.)

PREVIOUS PROCESSING INFORMATION

Have you ever accepted cards before? ☐ Yes ☐ No

If yes, processor name: _____ (If currently processing please submit 2 months processing statements.)

DBA NAME: _____

CARD TYPES & ADDITIONAL PROGRAMS

Card types you wish to accept: ☐ Visa/MasterCard/Discover ☐ American Express
(American Express rates vary; may require separate approval and additional application fees.)

Notes:

EQUIPMENT

Equipment/Software/Gateway Type _____ ☐ Dial ☐ IP

Equipment Supplied by ☐ CoCard PBS ☐ Sales Rep ☐ Merchant
Equipment ☐ Leased ☐ Purchased ☐ Owned Auto Close ☐ YES ☐ NO Time: _____

File Build ☐ Retail ☐ Restaurant ☐ MOTO ☐ Ship to Merchant Add Tip ☐ YES ☐ NO

PRICING

☐ Interchange +

☐ Cash Discount

Visa/MC/Discover/AMEX Rate _____%

Visa/MC/Discover/AMEX Rate _____%

Trans. Fee \$ _____

Cash Discount Software Fee \$ _____ per month

Equipment Lease \$ _____ for 48 months

Account on File Fee \$ _____ Monthly Minimum **\$15.00** Debit Statement Fee **\$3.00**

Annual Fee **\$50.00** Chargeback/Retrieval Fee **\$15.00** Voice Auth Fee **\$0.95**

Breach Protection **\$6.95** per month ACH Transaction Fee \$ **0.15**

Equipment Purchase \$ _____ Set up/Reprogram Fee \$ _____

Mobile Swipe Fee \$ _____ per month

Gateway set up fee \$ _____ Monthly fee \$ _____ Transaction Fee \$ _____

Level 3 Gateway Set Up Fee \$ _____ Monthly fee \$ _____ Transaction Fee \$ _____

(Off Line Debit Per Item Fee Surcharge \$ **.10** per off line debit transaction)

** PCI scans are available to those merchants who require a scan at an additional cost of \$25.00. The \$250.00 termination fee is for this signed CoCard agreement. For any other termination fees by the processor please refer to the Processor's Contract Terms. Interchange + initial term is 36 months. Cash Discount initial term is month to month.

1. Monthly Warranty Plan (All merchants are automatically signed up for TCP as long as they have equipment) If you don't want the TCP, you must opt out. Multiple Terminals \$5.00 additional fee. Merchants participating in the terminal placement program are required to participate in this program.

Full Maintenance: Overnight replacement of covered piece of equipment that fails to work. Paper upon request will be shipped via Ground.

MONTHLY COST: \$10.00 Opt out _____

By signing the application below, I hereby authorize Fresh Start Marketing, Inc. or authorized affiliates, hereinafter called Company, to initiate debit entries to my bank account. The authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

I hereby authorize a consumer credit report by merchant service provider and its leasing companies. I agree to the fees & rates as listed above and understand that CoCard PBS or its affiliates debit these from the account listed above. I also understand that rates and fees may be increased at sometime by Visa/MasterCard and that CoCard PBS has no control of this.

Signature

Date

This application is going to be processed by CoCard PBS. CoCard is a registered ISO/MSP with First Data, NPC and TSYS and an Authorized Agent of Wells Fargo, NA and First National Bank of Omaha, BMO Harris Bank N.A., Esquire Bank, People's Trust Co.

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