



ISC Office No.	ISC / Representative Name	Representative No.	Authorization Platform
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referral Partner Name	Referral Partner No.		
<input type="text"/>	<input type="text"/>		

1. Business Information

Doing Business As (DBA) Name	Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Type	Merchant Website (URL)	Type of Products/Services Sold	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Business Name (if different from above)	Taxpayer Identification Number	Contact Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing Street Address (if different from above)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Statements <input type="checkbox"/>	To: <input type="checkbox"/> Business <input type="checkbox"/> Billing		

2. Beneficial Ownership / Control Owner Information

*Must include all principals owning 25% or greater of entity and at least one individual who significantly controls the legal entity, if any.

Control Owner / Officer / Principal

First Name	Last Name	Ownership %	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Business Phone Number	Mobile Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Beneficial Owner / Officer / Principal

First Name	Last Name	Ownership %	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Business Phone Number	Mobile Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

*If additional owner / beneficiary disclosure is required please use Additional Owner Addendum.



3. ACH Information & Funding Choices

Name on Bank Account (1)	Transit (ABA Routing) Number (1)	Account Number (1)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If second bank account provided; Bank Account 1 will be for ACH credits only, Bank Account 2 will be for ACH debits only

Name on Bank Account (2)	Transit (ABA Routing) Number (2)	Account Number (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Billing: ☐ Month End ☐ Daily Discount Deduction

Funding Choices: ☐ Standard - included in batch fee ☐ Next Day Funding \$ month ☐ Same Day Money Express** \$ month

*Please refer to Funding Terms and Conditions in attached Terms and Conditions for more detail regarding funding options

** (4 a.m. Cut-off CST)

4. Payment Processing & Sales

Are you a seasonal business? ☐ Yes ☐ No

If yes, what are the months of operation of your business?

☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

Average Transaction Amount	Highest Transaction Amount
<input type="text"/>	<input type="text"/>

Average Monthly Volume	Highest Monthly Volume
<input type="text"/>	<input type="text"/>

Card Present Swiped/EMV % + Telephone Order % + eCommerce = 100 %

5. Payment Card Acceptance

Standard Card Acceptance

☐ Visa Cards ☐ MasterCard Cards ☐ Discover Cards ☐ American Express OptBlue ☐

☐ Debit Cards ONLY ☐ Other *You may deselect any card type in accordance with Card Networks Operating Regulations

Specialty Card Acceptance

AmericanExpress(retained/ESA)*

Existing AMEX Merchant Number

Per Transaction

ElectronicBenefits Transfer (EBT)*

FNS Number

Per Transaction

PIN-based Debit Pricing*

Per Transaction

Additional Discount (%)

Debit Monthly Access

WrightExpress(WEX)*

Existing WEX Merchant Number

Per Transaction

*Only enabled when per transaction fee is populated above



6. Rates & Fees

InterChange Plus Pricing	Visa/Mastercard/Discover		American Express OptBlue	
	Processor Assessment % on \$ volume processed over InterChange	Per Transaction	Processor Assessment % on \$ volume processed over InterChange	Per Transaction

Per transaction rate includes Batch / Authorization Only / Decline / Misuse / Zero Floor Limit

In addition to the amounts set forth above you agree to pay Capital Card Network Fees and other fees as set forth in Section 10A of the terms and conditions.

☐ Gateway

<input type="text"/>	Gateway Name
<input type="text"/>	Set up (one-time)
<input type="text"/>	Gateway Monthly
<input type="text"/>	Per Transaction
<input type="text"/>	Vault/Tokenization Monthly
<input type="text"/>	Per Transaction

☐ Mobile Processing

<input type="text"/>	Setup (one-time)
<input type="text"/>	Per User
<input type="text"/>	Network Monthly Access
<input type="text"/>	Per Transaction

☐ Accounting Integration

<input type="text"/>	Installation, License, and Activation (one-time)
<input type="text"/>	Monthly Usage
<input type="text"/>	Per Transaction
<input type="text"/>	Additional License Fee

☐ Wireless Processing

<input type="text"/>	Setup (one-time)
<input type="text"/>	Per Transaction
<input type="text"/>	Network Monthly Access

Address Verification (AVS)

<input type="text"/>	Per Occurrence
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Voice Authorization

\$0.95	Per Occurrence
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Online Portal

<input type="text"/>	Per Month
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Monthly Maintenance

<input type="text"/>	Per Month
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Monthly Minimum

<input type="text"/>	Per Month
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Integrity Advantage

<input type="text"/>	Per Month
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365 PCI & Compliance Regulatory

<input type="text"/>	Per Month
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Annual Renewal

<input type="text"/>	Per Year (November)
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IP Connect (Paymentech Only)

<input type="text"/>	Per Month
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Commercial / Business Card Level II
Enhanced InterChange Service (EIS)

One-time enrollment fee

Enhanced Interchange Service-credit % to Merchant*

Local tax rate*

Account Updater

<input type="text"/>	Setup (one-time)
<input type="text"/>	Monthly
<input type="text"/>	Per Update

*Refer to section 10L of the terms and conditions for details that specify 1.) the monthly calculation of the Enhanced Interchange Service-credit, and, 2.) if the local tax rate is left blank, Merchant authorizes Processor to input the current tax rate from commercially available tax lookup tables using the Merchant's Business Information zip code.

Early Termination: Refer to Section 15e Terms & Conditions

American Express OptBlue

By signing below Merchant agrees to accept American Express Transaction Cards (as defined in the Agreement) pursuant to Integrity Payment System, LLC's ("IPS") Direct Settlement Program (the "IPS Amex Program"). Merchant hereby agrees with IPS to be bound by the terms and conditions of the IPS Amex Program, which shall include this Agreement, the Terms and Conditions incorporated by reference in this Agreement, the Terms and Conditions for American Express OptBlue, in connection with accepting American Express Transaction Cards. Merchant acknowledges that this agreement regarding the IPS Amex Program is between IPS and Merchant. By checking the box below, Merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Name

Title

Date

Sign Here

☐ I choose to opt out of receiving future commercial marketing communications from American Express

Merchant Acceptance

The undersigned represents and warrants to Integrity Payment Systems, LLC (IPS) and Bank that all of the terms and conditions of this Merchant Processing Agreement consisting of this entire document in addition to any other documentation or addendum has been received and reviewed in its entirety, is true and correct, and sets forth the Agreement between IPS, Bank and MERCHANT. Also, the undersigned authorizes IPS and Bank (and their representatives) to investigate the credit of each person listed on the Agreement and represents that the undersigned has the authority to provide information and execute this Agreement with IPS and Bank through acknowledgment upon this Agreement at its offices following underwriting, approval, and the assignment to MERCHANT of a merchant processing identification number. **As per Section 6 of the Terms and Conditions, by signing the Agreement you hereby authorize IPS and Bank (and its vendors and agents), using the ACH system, to initiate such credit and debit entries to the settlement account (or at any other account maintained by you at any institution that is a receiving member of ACH) all in accordance with this Agreement. This authorization is to remain in effect until such time as all of your obligations to IPS and Bank have been paid in full.**

The undersigned acknowledges that if MERCHANT receives equipment loaned by IPS, MERCHANT has read and expressly agrees to be bound by Section 15 E. iii of the terms of this Agreement with regard to the return of such loaned equipment and is automatically enrolled in Integrity Advantage as defined in section 10 F.

IMPORTANT MEMBER BANK RESPONSIBILITIES:

Member Bank: MB Financial Bank, N.A. (see Section 18N for contact information)

(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.

IMPORTANT MERCHANT RESPONSIBILITIES: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Please initial to confirm that you have read the above and received a copy of the Terms & Conditions. (T&C's)

Initial
here

*IPS delivers the T&C's in your Welcome Kit, which is sent to you via USPS or email; the T&C's are also available in the Web Portal.

Name

Title

Date

Sign Here

Personal Guaranty

The undersigned guarantees to Integrity Payment Systems, LLC (IPS) and Bank the performance of this Agreement and any addendum or amendment thereto, including payment of all sums due and any attorneys fees and costs associated with enforcement of the terms thereof. Neither IPS nor Bank shall be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guarantee and shall not be discharged or affected by death of the undersigned and shall bind the heirs, administrators, representatives, and assigns and may be enforced by or for the benefit of any successor processor. The term of this guarantee shall be for the duration of the Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur during the term thereof though enforcement shall be sought subsequent to any termination.

Sign Here

Name

Date

ISC VERIFICATION

I certify the information in this Agreement is true and correct to the best of my knowledge and is as represented by the Merchant:

Sign Here

Name:

Title:

FOR INTERNAL USE ONLY

I accept this Merchant Processing Agreement (other than the provisions related to the IPS Amex Program, EBT Cards, Wright Express (WEX) cards, Accounting Integration Program, Wireless Services Program, IPS Mobile Processing Program, and Gateway Programs) on behalf of MB Financial Bank, N.A.

Sign Here

Name:

Title:

MB Financial Bank, N.A., 6111 N. River Road, Rosemont, IL 60018 ("Bank")

FOR INTERNAL USE ONLY

I accept this Merchant Processing Agreement on behalf of Integrity Payment Systems, LLC

Sign Here

Name:

Title:

Integrity Payment Systems, LLC

Merchant Name: _____ App #: _____

Teletrain:

☐ IPS

☐ AGENT

Terminal Set Up Information

☐ Reprogram Quantity _____ Terminal Type _____

☐ Shipping Quantity _____ Terminal Type _____

Pin Pad: ☐ Internal ☐ External

Quantity _____ Terminal Type _____

If shipping equipment, Please provide information listed below.

Name _____ Phone _____

Connection Type: ☐ Dial-Up ☐ Ethernet ☐ Wireless ☐ WiFi ☐ Mobile

Street _____

City _____ State _____ ZIP _____

Application Type: ☐ No Tip ☐ Tip Line/Adjustment ☐ Lodging

☐ Prompt for Tip ☐ Quick Pay/QSR ☐ Fuel

Retail / Moto: ☐ AVS ☐ Purchase Card / Level 2 ☐ Invoice # Prompt

☐ CVV 2 ☐ Multi Merchant _____ Parent MID# _____

Payment Terms: ☐ Sale ☐ Lease ☐ Loaner ☐ Swap ☐ Rental

Choose one of the following payment types.

☐ ACH Merchant ☐ ACH ISC ☐ 4 Pay ☐ Invoice ISC

Pin Debit: ☐ Yes ☐ No EBT: ☐ Yes ☐ No FNS# _____

Restaurant:

☐ Servers _____ Number of Servers _____

☐ Suggested Tip _____ % _____ % _____ %

Auto-Close++ ☐ Time _____

Receipt Footer:

Notes:

GATEWAY / POS SETUP INFORMATION

VAR Setup:

PC/Internet Software Name _____ Version# _____

Gateway/Middleware Name (if Applicable) _____ Version# _____

Direct Reseller Contact Name _____ Phone # _____

Gateway Setup - Virtual Terminal Only

Will the cards be present? ☐ Yes ☐ No Recurring Billing? ☐ Yes ☐ No

Card Reader Type _____

Merchant Email: _____

Plug-Ins

QuickBooks Type: ☐ Pro Financial ☐ Pro POS ☐ Premiere ☐ Point of Sale ☐ Online

Primary User Email _____ User Type: Admin

Mobile # _____ Carrier _____

Additional Users:

Email _____ User Type: Admin/Member

Email _____ User Type: Admin/Member

Email _____ User Type: Admin/Member

Email _____ User Type: Admin/Member

Gateway Setup

Apply for new account? ☐ Yes ☐ No

Website: _____

Shopping Cart Name: _____

Merchant Email: _____

Web Developer Name & Phone # _____

Billed By: ☐ Integrity ☐ 3rd Party Gateway

Comments:

IPS Sign Off: