



A Swipe AheadSM

MERCHANT PROCESSING APPLICATION

Agent Name: _____

NEW ACCOUNT **ADDITIONAL LOCATION - Existing MID #:** _____

BUSINESS INFORMATION:

Business Corporate Name County of El Dorado

Business DBA _____

Location Address 2850 Fairlane Court

City Placerville | State CA | Zip 95667

Mailing Address 2850 Fairlane Court

City Placerville | State CA | Zip 95667

Phone # 530-621-5900 | Fax # _____ | TollFree # _____

Website Address www.edcgov.us | Email address _____

Ownership Type: Corporation Partnership Sole Proprietor

Business Start Date _____ | Tax ID # (9 digits)

Account DDA # _____ | Bank Routing # _____ Voided check submitted

Description of Goods/Services Sold _____

Average days between transaction and delivery _____

Do you drop ship? yes no For how many days is your refund policy? _____

SIGNER INFORMATION:

Signer Name _____ Title _____

Signer Home Address _____

City _____ | State _____ | Zip _____

Signer Home Phone # _____ | Cell # _____

Social Security # _____ | Date of Birth _____

Do you currently accept AMEX?

Yes Existing American Express Account Number: _____

No Would you like to apply for a new AMEX account? yes no

Additional Services

ACH

Check21

Gift/Loyalty Cards

Do you accept EBT? yes no please provide EBT # _____

CREDIT CHECK CONSENT: BY SIGNING BELOW, I THE UNDERSIGNED REPRESENT THAT I HAVE READ AND AM AUTHORIZED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE BUSINESS IDENTIFIED ABOVE AND ALL INFORMATION I HAVE PROVIDED HEREIN IS TRUE, COMPLETE, AND ACCURATE. I AUTHORIZE FIDELITY PAYMENT SERVICES TO COLLECT, STORE AND DISCLOSE THE INFORMATION IN THIS APPLICATION AND INFORMATION ABOUT ME PERSONALLY, INCLUDING BY REQUESTING REPORTS FROM CONSUMER REPORTING AGENCIES IN ORDER TO ASSESS THIS APPLICATION AND ITS ONGOING RELATIONSHIP WITH MY BUSINESS.

IMPRINTER: I UNDERSTAND THAT AS PER THE CARD ASSOCIATION REGULATIONS, IF I ACCEPT CREDIT CARDS IN A "CARD PRESENT" ENVIRONMENT, I AM REQUIRED TO HAVE A MANUAL IMPRINTER FOR INSTANCES WHERE A CARD WILL NOT SWIPE AND THE CARD DETAILS HAVE TO BE KEYED IN. I AM ALSO AWARE THAT I CAN OBTAIN AN IMPRINTER FROM FIDELITY PAYMENT SERVICES AND IT IS MY RESPONSIBILITY TO REQUEST ONE IF NEEDED.

ACH CONSENT: BY SIGNING BELOW, I AUTHORIZE FIDELITY PAYMENT SERVICES TO DEBIT VIA ACH THE DESIGNATED ACCOUNT, AS SPECIFIED ELSEWHERE IN THIS APPLICATION, OR ANY OTHER ACCOUNT MY BUSINESS OR I HAVE AT THE BANK SPECIFIED ELSEWHERE IN THIS APPLICATION OR AT ANY OTHER FINANCIAL INSTITUTION FOR ANY AMOUNT I OWE FIDELITY PAYMENT SERVICES UNDER THIS AGREEMENT OR UNDER ANY OTHER CONTRACT, NOTE, GUARANTY, INSTRUMENT OR DEALING OF ANY KIND NOW EXISTING OR LATER ENTERED INTO BETWEEN MY BUSINESS OR MYSELF AND FIDELITY PAYMENT SERVICES, WHETHER SUCH OBLIGATION IS DIRECT, INDIRECT, PRIMARY, SECONDARY, FIXED, CONTINGENT, JOINT OR SEVERAL. IN THE EVENT FIDELITY PAYMENT SERVICES DEMANDS SUMS DUE OR SUCH ACH DOES NOT FULLY REIMBURSE FIDELITY PAYMENT SERVICES FOR THE AMOUNT OWED, I WILL IMMEDIATELY PAY FIDELITY PAYMENT SERVICES SUCH AMOUNT.

TERMS AND CONDITIONS: I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS APPLICABLE TO A MERCHANT POSTED TODAY AT THE FIDELITY PAYMENT SERVICES WEB SITE WWW.FIDELITYPAYMENT.COM/TERMSANDCONDITIONS - USERNAME: fidelity PASSWORD: fidelity. A PAPER COPY OF SUCH TERMS AND CONDITIONS IS AVAILABLE TO YOU UPON REQUEST.

Signature:  _____ | Date: _____

Print Name: _____

442 South Fifth Street • Brooklyn, NY 11211 • Tel: 1-888-847-2627 • www.fidelitypayment.com

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