

GUESTKEEPER™ MERCHANT APPLICATION

Powered by POS PAYMENT SYSTEMS

BUSINESS INFORMATION		OWNER INFORMATION	
EXACT LEGAL NAME:	FEDERAL TAX ID #:	OWNER'S FULL NAME:	SOCIAL SECURITY #
DOING BUSINESS AS (D/B/A):	PHONE NUMBER:	HOME STREET ADDRESS:	
STREET ADDRESS:	ALTERNATE CONTACT NUMBER:	CITY, ST., ZIP	
CITY, ST., ZIP	FAX NUMBER:	HOME PHONE NUMBER:	
MAILING/BILL TO ADDRESS:	EMAIL ADDRESS:	ALTERNATE CONTACT NUMBER:	
CITY, ST., ZIP	PRIMARY CONTACT:	TYPE OF OWNERSHIP: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PA OR PC <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> NOT FOR PROFIT	

PROGRAM INFORMATION			
<input type="checkbox"/> THE PERFECT GIFT	GIFT CARD INCREMENTS: <input type="checkbox"/> YES <input type="checkbox"/> ANY AMOUNT	SPECIFY INCREMENTS, IF ANY (\$1, \$5, ETC.)	MAXIMUM AMOUNT OF GIFT CARD:
<input type="checkbox"/> JOIN OUR REWARDS PROGRAM	TYPE: <input type="checkbox"/> POINTS <input type="checkbox"/> FREEBIE/VISITS <input type="checkbox"/> PROMO/COUPONS	EARN _____ POINT(S) PER _____ ; MIN REDEMPTION VALUE _____ BUY _____ GET _____ FREE OR EVERY _____ VISIT IS FREE PROMO/COUPON DESCRIPTION: _____	

MARKETING PACKAGE INFORMATION *CUSTOM MARKETING MATERIALS (CARRIERS, POSTERS, BUTTONS, ETC..) AVAILABLE FOR ADDITIONAL FEES.						
TYPE: <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT	SEMI-CUSTOM CARRIER: <input type="checkbox"/> TALL <input type="checkbox"/> J HOOK <input type="checkbox"/> TRIFOLD <input type="checkbox"/> DEMOGRAPHIC			SEMI-CUSTOM POSTER: <input type="checkbox"/> 8.5" x 11" (FOR LUCITE DISPLAY; MUST HAVE 1) <input type="checkbox"/> 12" x 24" <input type="checkbox"/> 18" x 24"		
PACKAGE INCLUDES	CARDS 400	CARRIERS 400	SEMI-CUSTOM POSTERS 4	TABLE TENTS 6	BUTTONS 6	LUCITE DISPLAY 1

MERCHANT TERMINAL INFORMATION						
TERMINAL(1) MAKE AND MODEL*		TERMINAL (2) MAKE AND MODEL*		TERMINAL (3) MAKE AND MODEL*		
SERIAL # OF T(1)		SERIAL # OF T (2)		SERIAL # OF T (3)		
CARDS CURRENTLY ACCEPTED: <input type="checkbox"/> V <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> DCLUB <input type="checkbox"/> JCB				TIME ZONE: <input type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC		
SERVICES CURRENTLY USED: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT <input type="checkbox"/> EBT <input type="checkbox"/> CHECK SERVICE <input type="checkbox"/> ATM				TERMINAL ON DEDICATED LINE: <input type="checkbox"/> YES <input type="checkbox"/> NO		CALL WAITING: <input type="checkbox"/> YES <input type="checkbox"/> NO

*NOTE: A PRINTOUT OF YOUR EDC REPORT AND PRINT SETUP REPORT MUST BE PROVIDED WITH THIS APPLICATION IF YOU ARE PROCESSING ON A LIPMAN NURIT TERMINAL.

MERCHANT PROCESSING PREFERENCES	
TRANSACTION PROMPTS (BE PROMPTED TO ENTER AT TIME OF SALE): <input type="checkbox"/> EMPLOYEE NUMBER=E <input type="checkbox"/> PAYMENT TYPE=P <input type="checkbox"/> EXTERNAL REFERENCE NUMBER=R <input type="checkbox"/> NONE	
BLOCK TRANSACTIONS (TERMINAL VARIANCES: LIPMAN - DISABLE OR VERIFONE - PASSWORD PROTECT):	
<input type="checkbox"/> ISSUE=1 <input type="checkbox"/> REDEEM=2 <input type="checkbox"/> VOID=3 <input type="checkbox"/> BALANCE INQUIRY=4 <input type="checkbox"/> MERCH. RETURN=5 <input type="checkbox"/> REPLACE CARD=6 <input type="checkbox"/> ADJUST AMOUNT=7 <input type="checkbox"/> ACTIVATE CARD=8 <input type="checkbox"/> TIP REDEMPTION=9	

SCHEDULE OF CHARGES (NSF DRAFT FEE \$30.00)				
DATABASE & MONTHLY GIFT:	LOYALTY/REWARDS:	OTHER:	TRANSACTION FEE:	MONTHLY MINIMUM:
STATEMENT FEES \$ _____	\$ _____	\$ _____	_____¢	\$25.00

DEBIT/CREDIT AUTHORIZATION	
<p>THIS FORM AUTHORIZES AUTOMATIC MONTHLY WITHDRAWALS FROM YOUR ACCOUNT FOR THE FEES ASSOCIATED WITH THE ELECTRONIC TRANSACTION PROCESSING PROGRAM. YOU WILL RECEIVE AN INVOICE ON A MONTHLY BASIS FOR THE PRECEDING MONTH. THE INVOICE AMOUNT WILL BE DEBITED FROM YOUR ACCOUNT ON OR ABOUT THE 15TH OF EACH MONTH. IF THERE ARE INSUFFICIENT FUNDS FOR MORE THAN TWO (2) CONSECUTIVE MONTHS, THE ELECTRONIC TRANSACTION PROCESSING PROGRAM WILL BE TERMINATED AND WILL BE REINSTATED UPON FULL PAYMENT AND AT THE FULL DISCRETION OF NORTH AMERICAN PAYMENT SYSTEMS, INC. (HEREINAFTER COMPANY). I HEREBY AUTHORIZE COMPANY TO AGENT TO WITHDRAW ANY AMOUNTS OWED BY ME BY INITIATING DEBIT ENTRIES TO MY ACCOUNT AT THE FINANCIAL INSTITUTION (HEREINAFTER BANK) INDICATED BELOW. FURTHER, I AUTHORIZE BANK TO ACCEPT AND TO CHARGE ANY DEBIT ENTRIES INITIATED BY COMPANY TO MY ACCOUNT. IN THE EVENT THAT COMPANY WITHDRAWS FUNDS ERRONEOUSLY FROM MY ACCOUNT, I AUTHORIZE COMPANY TO CREDIT MY ACCOUNT FOR AN AMOUNT NOT TO EXCEED THE ORIGINAL AMOUNT OF THE DEBIT. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY AND/OR BANK HAS RECEIVED WRITTEN NOTICE FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY AND/OR BANK A REASONABLE OPPORTUNITY TO ACT ON IT. MERCHANT UNCONDITIONALLY GUARANTEES TO POS AND ITS SUCCESSORS AND ASSIGNS THE FULL AND PROMPT PAYMENT WHEN DUE AND PERFORMANCE OF ALL THE OBLIGATIONS OF EVERY KIND OF MERCHANT ARISING DIRECTLY OR INDIRECTLY OUT OF THE AGREEMENT AND ALL AMENDMENTS THERETO OR ANY DOCUMENT OR AGREEMENT EXECUTED AND DELIVERED BY MERCHANT IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT.</p>	
BANK NAME: _____	CHECKING ACCOUNT (DDA) NUMBER*: _____
BANK ADDRESS: _____	BANK IDENTIFICATION (ABA) NUMBER*: _____
BANK PHONE #: _____	BANK CONTACT: _____

*A VOIDED CHECK MUST BE PROVIDED WITH THIS COMPLETED APPLICATION.

IMPORTANT NOTICE: All information contained in this application was completed or supplied by all contracting parties. NORTH AMERICAN PAYMENT SYSTEMS, INC. shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of, NORTH AMERICAN PAYMENT SYSTEMS, INC. The provisions on the reverse sides of this MERCHANT Agreement are a part of this MERCHANT Agreement. Those provisions must be read before signing. By signing below, you agree to the terms of the front and back of this MERCHANT Agreement and that all blanks were completed.

MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY NORTH AMERICAN PAYMENT SYSTEMS AND/OR BANK AND A MERCHANT NUMBER IS ISSUED.

AGREED AND ACCEPTED

THE INDICATED OWNER/OFFICER IDENTIFIED ABOVE HAS THE AUTHORIZATION TO EXECUTE THE MERCHANT ELECTRONIC TRANSACTION PROCESSING AGREEMENT ON BEHALF OF THE HEREWITHIN NAMED CORPORATION.

BY: _____ FOR: _____
PRINT FIRST AND LAST NAME, TITLE *PRINT FULL LEGAL NAME OF MERCHANT BUSINESS*

SIGNED: _____ DATED: _____ DAY OF _____, 20____