



MERCHANT SERVICES APPLICATION

Manual Form Completion

LC2105

1.0 BUSINESS NAME

Legal Business Name: _____
Physical Business Address (Do not list PO Box here): _____
City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____
Website URL: (www): _____ Contact e-mail address: _____
List of personnel authorized to Submit Transactions: _____
Primary Contact: _____ Phone & Extension: _____ Email: _____

Proceed to Section #2.0

2.0 BUSINESS INFORMATION

Please provide any of your advertisements related to bankcard/credit card sales.

Business mailing/billing address (write SAME if same as above): _____
City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____
Type of business/industry: _____
Products and services sold: _____
Prior Experience in Similar Business: _____
Are you a seasonal merchant? No Yes If yes, what months is your business closed? _____
Present bank for merchant processing: _____

If you currently accept bankcards for sales, please provide your latest merchant processing statements for the last three months. This will allow First State Bank to track your sales and provide the best discount rate for your business.

American Express Merchant #	Discover Merchant Number	Diners Merchant Number

Days and Hours of Operation: _____
Type of Building: Commercial Industrial Residential Other: _____
Building Square Footage: _____ sq. ft.
Year Established: _____ Length of current ownership: _____ years # of Locations: _____ # of Employees: _____
Average Ticket Amount: \$ _____ Annual bankcard sales volume: \$ _____
Do you accept credit card mail or phone orders? Yes No
Please provide advertising details of your mail/phone order business. Please also include copies of your advertisements if any.

If Yes, what percentage (%) or credit card sales are: Mail order? _____ % Phone order? _____ %

Proceed to Section # 3.0 if business is a: Corporation

List Corporate Type: Closely Held Corp. Publicly Held Corp. LLC S-Corp. Non Profit

Proceed to Section #4.0 if business is a: Sole Proprietorship Partnership

3.0 CORPORATE INFORMATION

Please provide a corporate resolution detailing those individuals authorized to open a merchant account.

Please attach the corporation's latest annual financial statements

Legal Corporate Name: _____
Corporate Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____
Billing Contact: _____ Phone & Extension: _____ Email: _____
Federal tax I.D. #: _____ State tax I.D. #: _____

Credit References:

Bank Name	Account #	Balance	Bank Officer Referral
Vendor Name	Address	Phone #	Contact Name

Please proceed to section #5.0

4.0 PERSONAL INFORMATION

- Please provide a list of those authorized to transact on this account, signed by the owner(s).
 I/we understand First State Bank will order a credit report for all owners listed on this application.

Applicant #1

Name: _____ Title: _____ % Equity Ownership: _____ %
Residential Address: _____ City: _____ State: _____ Zip: _____
How Long: _____ Years Rent Own: Home Phone: _____ Mobile Phone: _____
Date of birth: _____ Social Security #: _____ Driver's Lic. #, state & exp. date: _____
E-mail address: _____ Current Employer & Position: _____ How Long: _____
Previous Employer: _____ Previous Employer's Address: _____
Have you had any bankruptcies or lawsuits? No Yes (if Yes, please attach court discharge and explanation letter)

Credit References:

Bank/Credit Card Name	Account #	Balance	Bank Officer Referral

Applicant #2

Name: _____ Title: _____ % Equity Ownership: _____ %
Residential Address: _____ City: _____ State: _____ Zip: _____
How Long: _____ Years Rent Own: Home Phone: _____ Mobile Phone: _____
Date of birth: _____ Social Security #: _____ Driver's Lic. #, state & exp. date: _____
E-mail address: _____ Current Employer & Position: _____ How Long: _____
Previous Employer: _____ Previous Employer's Address: _____
Have you had any bankruptcies or lawsuits? No Yes (if Yes, please attach court discharge and explanation letter)

Credit References:

Bank/Credit Card Name	Account #	Balance	Bank Officer Referral

Please proceed to section #5.0

5.0 TRANSACTION ACCOUNT INFORMATION

- I/we understand a First State Bank checking account with a minimum \$700.00 starting balance is necessary before a merchant processing account will be opened.

Bank Name: First State Bank Routing #: 112201959
Account Title: _____ Account Number: _____

Please proceed to section #6.0

6.0 MERCHANT APPROVAL & SIGNATURES

As a duly authorized representative for the merchant named above, I agree to abide by the terms and conditions of the First State Bank **Merchant Agreement** and authorized the account above to be debited and/or credited by First State Bank according to those terms and conditions. This authorization also applies to any new account information provided to First State Bank at some future time. I understand that the approval, per-item limit, hold period and reserve amount (if required), is determined by First State Bank. I certify that the information provided in this application is true and correct to the best of my knowledge and is submitted for the purpose of obtaining personal credit information concerning statements herein. First State Bank shall have the right to decline installation of accounts subject to information received from credit inquiries.

Applicant Signature: _____ Title: _____ Date: _____
Applicant Signature: _____ Title: _____ Date: _____

7.0 BANK USE ONLY

Application processed by : _____ Officer #: _____
Merchant representative assigned: Ernestine Silva
Merchant will accept the following cards: Visa MasterCard Other: _____
Discount rate offered: _____ % Date of committee review: _____ Approved Declined
Documentation/Reasons: _____

