

Business Information

Legal business name _____ DBA name _____

Mailing address _____ Physical address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Federal Tax ID # _____ Length owned (Yrs/Mo.) _____

E-mail address: _____ Web site address: _____

Type of ownership: Sole Proprietor Partnership Corporation LLC Other _____

Business type: Retail Restaurant Lodging Service Internet Mail order Phone order Medical

Type of location: Shopping center Office building Residence Separate business Other (describe) _____

Description of products/services sold: _____

Refund policy: No refund Merchandise exchange only Refund in 30 days or less Other _____

Previous/current credit card processor (name, address, city, state and zip) _____ Reason for termination _____

Average ticket size \$: _____ Annual sales volume \$: _____ # Chargebacks last 3 yrs: _____

Owners or Officers

Owner's name (1) _____ % Ownership _____ SSN# _____

Home address _____ City _____ State _____ Zip _____ Home phone # _____

Owner's name (2) _____ % Ownership _____ SSN# _____

Home address _____ City, _____ State _____ Zip _____ Home phone # _____

Processing Information

Card types accepted: All Visa/MasterCard Cards Visa/MC Credit Cards and Business Cards Only Visa/MC Debit cards only

Discover # _____ Diners # _____ Amex _____ Check Verification _____

Mail/phone/fax orders taken: Yes No % Mail _____ % Phone _____ % Fax _____

Internet orders taken: Yes No %Internet _____

Currently process with PC using purchased software: Yes No PC Product name and version: _____ Manufacturer: _____

Imprinter required: Yes No # Imprinter plates needed N/A long or short plates: N/A

Currently own or lease equipment: Own Lease Will need equipment

Current terminal make and model _____ Serial # _____

Current printer make and model _____ Serial # _____

Authorized Signer for Business

Government regulations require all financial institutions to obtain, verify, and record information that identifies each person who opens an account. By signing below, Merchant certifies that all information and documents submitted with this application are true and complete. Merchant authorizes bank and/or processor to verify any of the information given, including credit references, and to obtain individual and/or business credit reports. This account is considered to be an extension of credit. Merchant signature below constitutes Merchant Agreement has been received, understood, and agreed upon. A Merchant Schedule of Charges will be provided to become a part of the Agreement. This application will be retained by the bank regardless of approval.

Merchant Owner/Officer Signature: _____ Date: _____

Note: To avoid delays in the processing of this application, please fill in all blanks.

TO BE COMPLETED BY BANK

Merchant Application for Kirkpatrick Bank Merchants Assoc Bank : #0200-1000 Financial Institution : Kirkpatrick Bank

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Merchant Name: _____

TO BE COMPLETED BY BANK		Contact Name: <u>Heather S.</u>	Contact Phone # <u>405-341-8222</u>
Premises inspected: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of merchandise sold: _____	Annual credit card volume: \$ _____	Average ticket size \$ _____
Adequate inventory to conduct legitimate business from location: Yes <input type="checkbox"/> No <input type="checkbox"/>	License required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	License inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Internet merchant: Website reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Website screens printed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
ETC: _____ or ETC/Touchtone: _____	or Internet/Tape: _____	If ETC: Hand-keyed: _____%	Card present: _____%
Send Imprinter Kit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Send imprinter only: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Reprogram existing terminal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Program required: _____
Does merchant's telephone system dial "9" or other number to obtain outside line: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is access # _____		
New terminal required: Type terminal needed: _____	Rent* _____	Purchase** _____	Price \$ _____
New printer required: Type printer needed: _____	Rent* _____	Purchase** _____	Price \$ _____
Depository Institution Routing #: <u>103001469</u>	Depository Institution account #: _____		
Discount rate: Fixed @: _____%	or Sliding scale: _____	or Tiered: _____	
If tiered - Qualified _____%	Mid-Qualified _____%	Non-Qualified _____%	Other Instructions _____
Approving Bank Officer Signature: _____	Title: <u>Merchant Card Coordinator</u>	Date: _____	

*Rental never goes toward purchase

** Purchase price is one-time fee (no installments).