



718.388.0186
718.388.6819
Sales@hi-techmerchants.com

777 Kent Avenue
Unit 233
Brooklyn, NY 11205

Mailing Address:
199 Lee Avenue PMB #666
Brooklyn, NY 11211



718-305-6762 Fax 718-305-6763

Fax Application with Voided Check of the Account where the CC Payments should be deposited.

Merchant Application

☐ New Merchant ☐ Additional Location, Existing MID _____

Business Corporate Information

Legal Business Name _____ Corporate Address _____
City _____ State _____ Zip _____ Phone # _____
Business Email Address _____ Date Business Started _____
Website (if available) _____ Federal Tax ID _____

Business DBA (Doing Business As) Information (if not the same as above)

Business DBA (Doing Business As) Name _____
DBA Address (if not the same as above) _____
City _____ State _____ Zip _____ Phone # _____

Mail the Statements to: Legal ☐ DBA ☐ Other ☐ _____

Type of Ownership: Corporation ☐ Sole Proprietor ☐ Type of service: Retail ☐ Mail Order/Telephone Order ☐

Products/Services Sold _____

Banking: Account Number _____ Routing Number _____ Attach a copy of a void check

Owner's Information

Owners Name _____ Social Security _____
Resident Address _____ Phone # _____
City _____ State _____ Zip _____ DOB _____

Transaction Information

Average Transaction Amount \$ _____ Highest Ticket Amount \$ _____ Monthly Processing Volume \$ _____

Terminal Type (if you accepted credit cards before) _____

Credit Check Authorization: By signing Below, I hereby authorize Hi-tech Merchants Inc to store and/or disclose any information on this application and any other documentation obtained from either my business or any other consumer reporting agency.
ACH Authorization: I authorize Hi-Tech Merchants to debit the bank account listed on this agreement or any other agreement between my business and Hi-Tech Merchants or any other bank account my company has with any other bank, via ACH, for any amount I owe Hi-Tech Merchants or under any, contract, note, agreement or guaranty. In the event Hi-Tech Merchants demands sum due, or such ACH does not fully reimburse Hi-Tech Merchants for the amount I owe, I will immediately pay Hi-Tech Merchants in full.

Print Name _____

Signature X _____

Date _____

W W W . H I - T E C H M E R C H A N T S . C O M

Hi-Tech Merchants, Inc is a registered ISO/MSP of Wells Fargo Bank, N.A. Walnut Creek, CA

Hi Tech Merchant Services, Inc. is a registered ISO/MSP of Wells Fargo Bank, N.A., Walnut Creek, CA.

9. SERVICE FEE SCHEDULE									
Authorization & Capture Transaction Fees									
MC/Visa Auth & Capture Fee: \$ _____ (Per Item)				Discover Network Auth & Capture Fee: \$ _____ (Per Item)				Voice Authorization \$ _____ (Per Item)	
<input type="checkbox"/> American Express OnePoint/Full Service (EDC) or <input type="checkbox"/> American Express ESA/Pass Through								Electronic AVS Fee \$ _____ (Per Item)	
American Express Authorization: \$ _____ (Per Item)				JCB Authorization: \$ _____ (Per Item)				Voice AVS Fee \$ _____ (Per Item)	
Amex ESA/Pass Through SE #: _____				JCB SE #: _____				ARU Fee \$ _____ (Per Item)	
Miscellaneous Fees								Monthly Fees	
<input type="checkbox"/> Dues and Assessments		Chargeback Fee \$ _____ (Per Item)		Retrieval Fee (12B Letter) \$ _____ (Per Item)		Return Trans. Fee \$ _____ (Per Item)		Wireless Fee \$ _____	
Sales Transaction Fee \$ _____ (Per Item)		Batch Fee \$ _____ (Per Item)		Early Termination Fee \$ _____ (One Time Fee)				eMerchantView Access Fee \$ _____	
EBT – Food Stamps \$ _____ (Per Item) #:		EBT – Cash Benefits \$ _____ (Per Item)		Other: \$ _____				Customer Service Fee \$ _____	
Annual Fee \$ _____		MC Other Item Rate \$ _____		Visa Other Item Rate \$ _____				Debit Access Fee \$ _____	
Discover Network Other Item Rate \$ _____		Amex Other Item Rate \$ _____		Amex OnePoint Other Volume _____ %		JCB Other Item Rate \$ _____		Supplies: \$ _____	
Minimum Monthly Fee \$ _____		Monthly Statement Fee \$ _____ (Account on File)				Pass Visa ACQ ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: \$ _____	
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Misuse of Authorization Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa International Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass MC Acquirer Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC National Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)									
MasterCard Acceptance <input type="checkbox"/> Accept MC Credit Transactions <u>only</u> <input type="checkbox"/> Accept MC Non-PIN Debit Trans. <u>only</u>			Visa Acceptance <input type="checkbox"/> Accept Visa Credit Transactions <u>only</u> <input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <u>only</u>			Discover Network Acceptance <input type="checkbox"/> Accept Discover Network Credit Transactions <u>only</u> <input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <u>only</u>			
See Section 1.9 of the Program Guide for details regarding limited acceptance.									
<input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly									
Tiered Discount Fees (Based on Gross Sales Volume)									
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee	
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network Qual Credit	%	\$	
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Disc. Network Mid-Qual Credit	%	\$	
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Disc. Network Non-Qual Credit	%	\$	
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$	Discover Network Qual Debit	%	\$	
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$	Discover Network Mid-Qual Debit	%	\$	
MC Worldcard Non-Qual	%	\$				Discover Network Non-Qual Debit	%	\$	
MC Qual Debit	%	\$	Visa Qual Debit	%	\$				
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$				
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$				
ERR									
	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees	
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%	
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%	
■ Pass Through Interchange – Includes Dues and Assessments									
Other Item Rate \$ _____ (per item)			Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		
Other Volume Percent (Based on Net Volume) _____ %		MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%		
		MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%		
PIN Debit									
<input type="checkbox"/> Pass Through Debit Network Fees		Other Item Rate \$ _____ (per item)			Other Volume Percent _____ % (per item)				
American Express OnePoint					TeleCheck				
Rate Per Item		Rate Per Item		<input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> Warranty <input type="checkbox"/> ECA					
<input type="checkbox"/> Retail** _____ % \$ _____		<input type="checkbox"/> Lodging _____ %		SE Number _____		TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Restaurant** _____ %		<input type="checkbox"/> Services, Wholesale and All Other _____ % \$ _____		Inquiry Rate _____ %		ACH Processing Fee \$ 5.00			
<input type="checkbox"/> Fast Food Restaurant _____ %		<input type="checkbox"/> Tuition _____ %		December Risk Surcharge _____ .10 %		Client Requested Operator Call (CROC) \$ 2.50			
<input type="checkbox"/> Mail Order & Internet _____ %		<input type="checkbox"/> Healthcare – Office Based Doctors/Dentists _____ %		Per TXN Fee \$ _____		ECA Chargeback Fee \$ 5.00			
<input type="checkbox"/> Supermarkets _____ %				Monthly Minimum Fee (Per Location) \$ 25.00		(Only charged when entitled with TeleCheck)			
<input type="checkbox"/> Travel & Transp. _____ %				Fleet					
**0.30% downgrade will be charged for transactions whenever a CNP (Card Not Present) charge occurs. CNP means a charge for which the card is not presented at the point of purchase (e.g. charges by mail, telephone or Internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.									
Wright Express:					Other Item Rate \$ _____ (per item)				
Voyager: Qual _____ %					Other Item Rate \$ _____ (per item)				

Merchant Initials: _____

10. SIGNATURE(S)			
<p>Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide (Version _____) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement and the American Express Card Acceptance Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the American Express Card Acceptance Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and Wells Fargo Bank, N.A. ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes FDMS and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. It is our policy to obtain certain information in order to verify your identity while processing your account application.</p> <p>By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for FDMS to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the FDMS servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.</p> <p>Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.</p> <p>You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.</p> <p>Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.</p> <p>Client's Business Principal/Officer:</p>			
Signature X _____ Print Name of Signer _____	Title _____ Date _____	Signature X _____ Print Name of Signer _____	
Signature X _____ Print Name of Signer _____	Title _____ Date _____	Title _____ Date _____	
<p>Personal Guarantee: The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.</p>			
<p>Personal Guarantee</p>			
Signature X _____ Print Name: _____	Print Name: _____ Date _____		
<p>Personal Guarantee</p>			
Signature X _____ Print Name: _____	Print Name: _____ Date _____		
Accepted By First Data Merchant Services Corporation		Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598	
Signature X _____ Title _____	Signature X _____ Title _____	Signature _____ Title _____	Date _____ Date _____

Please read the **Merchant Processing Program Guide** in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your discount rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover Network. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Card Processing Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons** why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 10.
4. **If you dispute any charge or funding**, you must notify us within 45 days of the date of the statement where the charge or funding appears or should have appeared.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20.
6. **We have assumed certain risks** by agreeing to provide you with Card processing. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest).
7. **By executing this Agreement with us** you are authorizing us to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you may be responsible for the payment of early termination fees as set forth in Section 36, Additional Fee Information.
9. **If you lease equipment from Processor**, it is important that you review Section 34 in Third Party Agreements. **This lease is a non-cancelable lease for the full term indicated.**

10. Association Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with cardholder data security and storage requirements.
- b) Maintain fraud and chargebacks below Association thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Association rules.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it received the complete Program Guide [Version _____] consisting of 34 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

www.fdns.com/ISO/merchant_forms

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED AND, IF MADE, ANY SUCH ALTERATIONS OR STRIKE-OUTS SHALL NOT APPLY.

Client's Business Principal:

Signature (Please sign below):

X _____

Title

Date

Please Print Name of Signer