

MERCHANT ACH APPLICATION

Merchant Application Checklist:

Please complete and sign the attached application and fax in to (847) 890-6561, along with copies of the following:

- ___ Owner's driver's license.
- ___ Bank statements for last two months.
- ___ Articles of Incorporation, including signature page.
- ___ Voided check from your intended operating bank account for ACH transactions.
- ___ **Merchants with Bankruptcy:** If company or any signing owner has filed bankruptcy in the last ten years, please provide copy of Bankruptcy Court Discharge and letter of explanation.
- ___ **Web Merchants:** Website must be operational and must clearly show company address and phone number, as well as what you do or sell along with a price. Please also attach a description of your online security and fraud detection procedures.

Thank you for your interest. Please direct any questions to support@networkmerchants.com. We look forward to receiving your application in full.

MERCHANT ACH APPLICATION

BUSINESS NAME

AID: P10300

Legal Name:	Name of Account (Doing Business As):
Legal Address:	Physical Street Address:
City, State, Zip:	City, State, Zip:
Corporate Phone:	DBA Phone:
Website URL:	Name of Primary Contact:
Federal Tax ID:	Email Address:
State Incorporated:	Year Business Established:

APPLICANT(S), OWNER OR OFFICERS

Name:	Title:	Date of Birth:	SS#:	Home Phone:	
1.					
Resident Address:	% Equity Ownership:	City:	State:	Zip:	Years at this residence:
Name:	Title:	Date of Birth:	SS#:	Home Phone:	
2.					
Resident Address:	% Equity Ownership:	City:	State:	Zip:	Years at this residence:

LIABILITIES

Has Merchant or any principal above filed for bankruptcy or been subject to involuntary bankruptcy during the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any judgments outstanding against businesses or principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any tax liens outstanding against business or principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: If you answered yes to any of the questions above, please attach full explanation, including dates, amounts, and disposition.</i>	

MERCHANT PROFILE

What is the nature of your business?
How do you market your product or service?
How do customers purchase your product or service? (check all that apply) <input type="checkbox"/> Outbound calls <input type="checkbox"/> Inbound calls <input type="checkbox"/> Mail-in orders <input type="checkbox"/> Website <input type="checkbox"/> On-site purchase <input type="checkbox"/> Pre-arranged agreement <input type="checkbox"/> Other _____
Do your customers make recurring payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your return policy?
Customer Support is provided by: <input type="checkbox"/> Merchant Staff <input type="checkbox"/> Third Party: _____

ANTICIPATED ACH ACTIVITY (Answer all questions. Responses are essential to process your application.)

MERCHANT ACH APPLICATION

Please indicate the kind of ACH transactions you need to process for this account and describe their purpose below: <input type="checkbox"/> Debits <input type="checkbox"/> Credits			
Please indicate the type of accounts you will be debiting/crediting: <input type="checkbox"/> Personal Checking/Savings <input type="checkbox"/> Business Checking/Savings			
How do you obtain authorization from your customers for ACH payment? (check all that apply) <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Web <input type="checkbox"/> Pre-authorized written agreement <input type="checkbox"/> Other _____			
Note: Your answers to the above questions will determine the transaction types available to you on your ACH account.			
Are you currently processing ACH Transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the name of your current ACH processor: _____			
Average Ticket Size	\$	Number of Monthly Transactions	
Maximum Daily Processing Total	\$	% Returned Items (if applicable)	%
Note: If currently processing, please report actual figures. If actual figures for average ticket, daily and monthly processing volumes, and return rate differ significantly from these estimates, this could result in delayed and/or withheld settlement of funds.			

Non Agreement: Network Merchants / Smart Payment Solutions, Inc. has made no promises, inducements, or agreements oral or written to applicant in regards to approval of this application, service fees, and any part of a service agreement prior to approval of this application in writing.

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in conjunction with application. MERCHANT authorizes Network Merchants / Smart Payment Solutions, Inc., or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

I/We acknowledge that Bay Cities Bank provides/may provide correspondent banking services for My/Our Company, including without limitation Draft deposit/return processing, the origination of ACH entries into the ACH Network and the settlement of transactions resulting there from. I/We authorize Bay Cities Bank to periodically request investigative or consumer reports including without limitation reports from credit reporting agencies or from other third parties which Bay Cities Bank deems necessary in connection with the correspondent banking services provided to My/Our Company.

The undersigned certify and warrant that they are authorized to sign on behalf of the company, and all information provided in this application is true and correct. I/We understand that Network Merchants / Smart Payment Solutions, Inc. will retain this application whether or not it is approved, and I/We authorize Network Merchants / Smart Payment Solutions, Inc. to periodically check and/or update my/our credit and to answer all questions about its credit/deposit experience with me/us. We also understand that Network Merchants / Smart Payment Solutions, Inc. has legal recourse against us for false or misleading information provided above. "I have read, understand, and agree to all of the preceding terms."

Must be signed by each party listed on page one.

Date: _____

Date: _____

Signature: _____

Signature: _____

Print: _____

Print: _____

<u>Bank Use Only</u>