

Checklist and Cover Sheet

Scan and e-mail to: applications.northamerica@bambora.com



Thank you for applying with Bambora. Please return all of the following documents with your application. If you have questions, don't hesitate to contact applications.northamerica@bambora.com.

- Bambora Merchant Application Form (5 pages total)
- A void check from your business bank account. Please do not include counter checks. If you do not have a printed check, request a "Direct Deposit Letter" from your bank.
- Program Guide Confirmation page [Download this one-page form](#)
- Certificate of Incorporation (Incorporated companies only)
- Non Profit Certificate of Registration and a registered list of board of directors (non profits only)
- Two pieces of ID for each signing authority
- Copy of a recent bank statement
- Global ePricing Addendum (Note: only required if you will process in additional currencies) (6 pages total)

Please confirm that you have reviewed the following documents prior to submitting your application:

- General Terms and Conditions: https://cdn.na.bambora.com/downloads/BamboraUSA_Gateway_Terms.pdf
- Merchant Services Program Guide: <https://cdn.na.bambora.com/downloads/program-guide.pdf>

Merchant Processing Application and Agreement Gateway and Merchant Account Services



1. Tell us about your business

Location # of

Client's Business Name (Doing Business As):

Business Address:

City: State: Zip:

Location Phone:

Location Fax:

Website Address:

Website IP Address:

Customer Service Phone Number:

Client's Corporate/Legal Name (Use Also for Headquarter's Information):

Billing Address (If Different Than Location Address):

City: State: Zip:

Contact Name:

Contact Phone:

Contact Fax:

Contact Email Address:

2. Transaction Volume

Total Cash and Credit Sales: (For All Outlets)

Annual MC/Visa Volume for this Outlet (For Multiple Outlets Only)

Est. Discover Network Avg. Ticket (For This Outlet)

Total Cash and Credit Sales for this Outlet (For Multiple Outlets)

Estimated MC/Visa Average Ticket Sales/Amount (For All Outlets)

Est. Discover Network Annual Sales Volume (For This Outlet)

Annual MC/Visa Volume: (For All Outlets)

Maximum Transaction Amount (For This Outlet)

Annual Discover Network Vol.: (For all Outlets)

Annual AMEX OptBlue® Volume: (For All Outlets)

Est AMEX OptBlue® Avg Ticket (For This Outlet)

Est AMEX OptBlue® Avg Sales Vol. for this Outlet (For Multi. Outlets only)

3. Entitlements

MC/Visa Discover American Express OptBlue®

American Express: Existing SE # _____ OR ESA # (New Request) Existing Account Number _____

4. Provide More Business Data

State Incorp. _____

Month/Yr. Started _____ / _____

Business Entity Type

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. See Part IV, Section A.4 of your Program guide for further information.

Choose one:

Federal Tax ID# (as it appears on your income tax return): _____

Name (as it appears on your income tax return): _____

I certify that I am a foreign entity/non resident alien. (If checked, please attach IRS Form W-8.)

For Internal Use Only

CP name:

CP ID:

Choose our Sales People:

Products/Services You Sell

POS Card Present (MAG Swipe and or Manual Input) % + Mail Order/Direct Marketing % + Phone Order % + Internet % = 100%

Do you use any third party to store, process or transmit cardholder data? If yes, give name/address

Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests.

5. Provide your Owner Information

(for each individual who owns, directly, or indirectly, 25% or more of the equity interest of your business)

Location # of

OWNER / PARTNER / OFFICER 1

Name (First, MI, Last): % Ownership:

Title:

Home Address (No P.O. Box):

City: State: Zip:

Telephone Number: Social Security:

D.O.B. DI Number: State:

OWNER / PARTNER / OFFICER 2

Name (First, MI, Last): % Ownership:

Title:

Home Address (No P.O. Box):

City: State: Zip:

Telephone Number: Social Security:

D.O.B. DI Number: State:

6. Schedule of Fees

BAMBORA GATEWAY FEES

Service:	Setup:	Monthly:	
<input type="checkbox"/> Gateway	\$49.00	\$10.00	
Total Gateway Fees*	\$49.00	\$10.00	

MERCHANT ACCOUNT RATES

Rates	Per Trans.
Mastercard (800) 2.65%	+ \$0.15
Visa (804) 2.65%	+ \$0.15
Amex (000) 2.95%	+ \$0.15
Discover 2.65%	+ \$0.15

OTHER FEES

ACH Reject	\$20.00
Chargeback	\$25.00
Retrieval	\$5.00

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7. Agreement Approval

Client represents the statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Your Payments Acceptance Guide, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-7) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. Client hereby consents to receiving commercial electronic mail messages from us from time to time. If your Application is approved based upon information stated in the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section.

By signing below, each of the undersigned authorizes us to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us. It is our policy to obtain certain information in order to verify your identity while processing your account application.

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company Inc. (American Express®) to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity about, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express approval of the entity indicated about to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. 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 Terms and Conditions.

Client certifies that all information set forth in this completed Merchant Processing Application and Agreement (consisting of Sections 1-7) is true and correct and that Client has received and read a copy of the program guide [version Bambora1904(ia)] and confirmation page thereto as the same may be amended pursuant to its terms, (the "Program Guide"). The Merchant Processing Agreement and Agreement, the Program Guide, and any other agreement(s) relating to Client services that Bambora may provide to Client, from time to time, are collectively referred to herein as (the "Merchant Agreement"), and include the terms, conditions and Your Payments Acceptance Guide for the services to be provided to Client. Client agrees to abide by and be bound by all of the provisions of the Merchant Agreement.

Client and Bank agree that in the event that Bambora, incurs any cost, loss, liability, damage or expense to Bank or Processor (as such term is defined in the Program Guide), contractual or otherwise, for, because of, or resulting directly or indirectly from Client's failure to abide by and fully perform all of its obligations under this Merchant Agreement, Bambora shall have and may assert all rights and claims against Client provided to Bank and/or Processor under the Merchant Agreement for or as a result of such failure by Client in order to recover the cost, loss liability, damage or expense so incurred by Bambora.

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____

X Signature _____

Print Name _____ Date _____

Print Name _____ Date _____

Pres. V.P. Member L.L.C. Owner Partner Other

Pres. V.P. Member L.L.C. Owner Partner Other

Personal Guarantee: In exchange for Bambora Corp's, Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and Mastercard International Inc.), (the Guarantee Parties) acceptance of the Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of the Client's obligations under the foregoing agreements, as applicable, as they exist or modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guarantee Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Signature (Please sign below)

Signature (Please sign below)

X _____, an individual

X _____, an individual

Accepted by Bambora Corp.:

Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and Mastercard International Inc.):

X Signature _____

X Signature _____

Print Name _____ Date _____

Print Name _____ Date _____

Internal Checklist	Sales Support ID <input type="text"/>	Sales Rep ID # <input type="text"/>	Bank <input type="text"/>
Agent <input type="text"/>	Corp <input type="text"/>	Chain <input type="text"/>	

Merchant Processing Application and Agreement Gateway and Merchant Account Services



Bank Code

Merchant ID

Location # of

DBA Name (max 24 characters)

Authorization Agreement for Direct Payments (Please Also Attach a Void Check)

Company Name

I/we hereby authorize Bambora Corp., hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account for any outstanding fees. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name Branch

City: State: ZIP:

Routing Number Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name Date Name Date

Signature Signature

Client may only revoke this authorization by submitting a request in writing in the manner indicated.

Banking Contact Information (Required)

First/Last Contact Name Phone Number

ABA # DDA #

Client eCommerce Setup

Seasonal: If yes, Mos. in Operation Mos. Open Between to

Time Zone (required) Number of Employees

Return Policy: Do you have a refund policy for MC/Visa/OptBlue®/Discover® Network?

If yes, check one:

If MC/Visa/OptBlue®/Discover Network Credit, within how many days do you submit credit card transactions?

Previous Processor: Reason for changing: Rate Service Terminated

Your Previous Merchant # Other

D & B # Do you have previous processor MC/Visa/OptBlue®/Discover Network Statements?

Are customers required to leave a deposit? If yes, % of deposit required % Time frame for delivery days

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Statements & Processing Information

Statement Recap Information Statement Type

Statement Delivery Rollup Bank will fund

Mail/Telephone Order/Business to Business/Internet Information

1. What % of totals sales represent business to business (vs business to consumer)?

2. What % of bankcard sales represent business to business (vs business to consumer)?

What is the time frame from transaction to delivery (% of orders delivered in)?

Business to Business %

Business to Consumer %

+

Total Sales = %

Business to Business %

Business to Consumer %

+

Total Sales = %

0-7 days + 15-30 days +

8-14 days + Over 30 days +

Total Sales =

4. MC/Visa/OptBlue®/Discover Network sales are deposited: Date of Order Date of Delivery Other:

5. Who performs product / service fulfillment? Direct Other Vendor - if vendor, please add:

Vendor Name:

Vendor Phone:

Vendor Address:

Vendor City/State/Zip:

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) Mail/Telephone Order/Business to Business/Internet

6. Does your cardholder billing involve automatic renewals or recurring transactions (cardholder authorizes initial sale only)? Yes No

CONFIRMATION PAGE**PROCESSOR
INFORMATION:**Name: Bambora CorporationAddress: c/o Ingenico ePayments 1 California Street, Suite 2200, San Francisco CA 94111URL: _____ Customer Service # 1.833.226.2672

Please read the 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. 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, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 25 of the Program Guide).

2. We may debit your bank account (also referred to as your Settlement Account) from time to time for amounts owed to us under 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 14 of the Your Payments Acceptance Guide.

4. If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing.

5. The Agreement limits our liability to you. For a detailed description of the limitation of liability see Section 27, 37.3, and 39.10 of the Card General Terms.

6. We have assumed certain risks by agreeing to provide you with Card by agreeing to provide you with Card processing or check services. Accordingly we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms; Event of Default and Section 31, Reserve Account; Security Interest), under certain circumstances.

7. By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.

8. The Agreement contains a provision that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information".

9. Card Organization Disclosure**Visa and Mastercard Member Bank Information: Wells Fargo Bank N.A.**

The Bank's mailing address is PO Box 6079, Concord, CA 94525, and its phone number is 1.844.284.9452

Important Member Bank Responsibilities:

- The Bank is the only entity approved to extend acceptance of Visa and Mastercard products directly to a merchant.
- The Bank must be a principal (signer) to the Agreement.
- 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.
- The Bank is responsible for and must provide settlement funds to the merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.
- The Bank is the ultimate authority should a merchant have any problems with Visa or Mastercard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Organization Rules and applicable law and regulations.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/support/merchant.html>
- You may download "Mastercard Regulations" from Mastercard's website at: <http://www.Mastercard.com/us/merchant/support/rules.html>
- You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/merchantopguide

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions [Bambora2204] consisting of 32 pages [including this Confirmation Page and the applicable Third Party Agreement(s)].

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

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal Signature: **(Please sign below)**

X _____ Title _____ Date _____

Please Print Name of Signer _____