



MERCHANT MANAGEMENT GROUP, LLC

MSP/ISO Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant # _____ Sales Rep Signature _____ Phone #: _____

1. BUSINESS INFORMATION		
Client's Business Name (Doing Business As)		Client's Corporate Name (Use Also For Headquarter's Information)
Business Address (No P.O. Box)		Billing Address (If Different Than Location Address) (P.O. Box OK)
City	State	Zip
City	State	Zip
Location Phone #	Location Fax #	Contact Name
Business E-mail or Website Address		Contact Phone #
		Contact Fax # / E-mail Address

2. TYPE OF BUSINESS		
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: County & State in which _____ Certificate of Assumed Name Filed: _____	<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C)	<input type="checkbox"/> GOVERNMENT (Federal, State, Local)
<input type="checkbox"/> CORPORATION – CHAPTER S, C: State of Incorporation: _____	<input type="checkbox"/> INTERNATIONAL ORGANIZATION	<input type="checkbox"/> LIMITED LIABILITY COMPANY: State in which Certificate of Assumed Name Filed: _____
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION County & State in which _____ Certificate of Assumed Name Filed: _____	<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST	<input type="checkbox"/> PARTNERSHIP: County & State in which Certificate of Assumed Name Filed: _____
FEDERAL TAX ID #:	Detailed Explanation of Type of Merchandise, Products or Services Sold:	

3. COMPANY HISTORY		
Date Business Started	Length of Current Ownership	Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal Date Discharged: _____

4. OWNERS / PARTNERS / OFFICERS					
OWNER / PARTNER / OFFICER 1		OWNER / PARTNER / OFFICER 2		OWNER / PARTNER / OFFICER 3	
Name	% Ownership	Name	% Ownership	Name	% Ownership
Title		Title		Title	
Home Address (No PO Box)		Home Address (No PO Box)		Home Address (No PO Box)	
City	State	Zip	City	State	Zip
City	State	Zip	City	State	Zip
Telephone #	Social Security #	Telephone #	Social Security #	Telephone #	Social Security #
D.O.B.	DL #	D.O.B.	DL #	D.O.B.	DL #

5. REFERENCES / SETTLEMENT INFORMATION					
SETTLEMENT INFORMATION		TRADE REFERENCE		TRADE REFERENCE	
Depository Bank		Name		Name	
City		Address		Address	
State		City		City	
Telephone #		State		State	
State		Zip		Zip	
Transit/ABA #		Contact		Contact	
Deposit Account #		Telephone #		Telephone #	
Date Relationship Started:		Account #:		Account #:	

6. EQUIPMENT/PLATFORM <input type="checkbox"/> Omaha/ETC <input type="checkbox"/> Nashville/Tape <input type="checkbox"/> North/Tape <input type="checkbox"/> ATL/Tape Purchasing Price Does Not Include Sales Tax or Shipping & Handling Charges.		
Wireless Network: _____	Application Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant w/Tip <input type="checkbox"/> Quick Serve Restaurant w/Tip <input type="checkbox"/> Hotel <input type="checkbox"/> Retail Lodging <input type="checkbox"/> Retail w/Tip	
Imprinter _____	Quantity _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Existing Total Cost \$ _____
TRML/Printer Model _____	Quantity _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Existing Total Cost \$ _____
Check Imager _____	Quantity _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Existing Total Cost \$ _____
PIN Pad _____	Quantity _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Existing Total Cost \$ _____
PC/Internet Software _____	Quantity _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Existing Total Cost \$ _____
INTERNET GATEWAY: <input type="checkbox"/> YourPay.com <input type="checkbox"/> Other: _____		

7. SHIPPING EQUIPMENT/MAILING INSTRUCTIONS:		
<input type="checkbox"/> Merchant Location <input type="checkbox"/> Agent Bank	Send Retrieval Requests to: <input type="checkbox"/> Corporate Address <input type="checkbox"/> Business Location	
<input type="checkbox"/> Sales Office <input type="checkbox"/> Other (Name): _____	Send Monthly Merchant Statements: <input type="checkbox"/> Corporate Address <input type="checkbox"/> Business Location	
Address	City	State
		Zip
		Attention:

FINANCIAL DATA	WHERE IS SALE TRANSACTED? (Must = 100%)	HOW IS TRANSACTION COMPLETED? (Must = 100%)
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Store Front / Swiped _____ %	Electronic Data Capture _____ %
Average YEARLY MC/Visa/Discover® Network Volume \$ _____	Internet _____ %	Manual Entry with Imprint _____ %
Average MC/Visa/Discover Network Ticket (Estimate If Never Processed in Past) \$ _____	Mail Order _____ %	Manual Entry Card Not Present or Imprinted _____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months: _____	Telephone _____ %	Voice Auth & Capture _____ %

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, give name/address: _____

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

9. SERVICE FEE SCHEDULE:

Discount Fees (BASED ON GROSS VOLUME)	Auth & Capture Trans. Fees	Miscellaneous Fees	Monthly Fees																				
Accept all MasterCard and Visa transactions (presumed, unless any selections below are checked) MasterCard Acceptance <input type="checkbox"/> Accept MC Credit trans. only <input type="checkbox"/> Accept MC Non-PIN Debit transactions only Discover Network Acceptance <input type="checkbox"/> Accept Discover Network Non-PIN Debit transactions only <input type="checkbox"/> Accept Discover Network Non-PIN Debit transactions only See Section 1.9 of the Program Guide for details regarding limited acceptance. <input type="checkbox"/> Pass Through I/C — Includes Dues and Assessments <input type="checkbox"/> Enhanced Recover Reduced <input type="checkbox"/> Three Tier: <input type="checkbox"/> Six Tier: Discount Collected: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	MC/Visa Auth. Fee \$ _____ (Per Item) Voice Authorization \$ _____ (Per Item) Voice AVS Fee \$ _____ (Per Item) American Express \$ _____ (Per Item) Discover \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item) Return Fee \$ _____ (Per Item) Batch Fee \$ _____ (Per Item) Retrieval Fee (12B Letter) \$ _____ (Per Item) Chargeback Fee \$ _____ (Per Item) Sales Transaction Fee \$ _____ (Per Item) PIN DEBIT PIN Debit Fee \$ _____ (Per Item) PIN Debit Other Vol. Percentage _____ % Pass Through Network Fees: <input type="checkbox"/> Signature Debit Fee \$ _____ (Per Item) Early Termination Fee \$ _____ (Per Location) Application Fee (One Time) \$ _____ (Collected by Agent) Other: \$ _____ (Per Item)	Minimum Monthly Fee \$ _____ (Per Location) Statement Fee \$ _____ (Per Statement) Wireless Fee \$ _____ (Per Terminal) E-Merchant View \$ _____ (Per User ID) Debit Access Fee \$ _____ (Per Location) Internet Service Fee \$ _____ (Per Website) Supplies \$ _____ (Per Month) Other: \$ _____ User Defined Grid ID# _____ (ISO Use Only)																				
<table border="1"> <thead> <tr> <th>MC/Visa/Discover Network (3 Tier):</th> <th>Discount Rate</th> <th>MC/Visa/Discover Network Qualified Credit</th> <th>Discount Rate</th> <th>MC/Visa/Discover Network Qualified Debit</th> </tr> </thead> <tbody> <tr> <td>MC/Visa/Discover Network Qualified Credit</td> <td>_____ %</td> <td>MC/Visa/Discover Network Qualified Debit</td> <td>_____ %</td> <td></td> </tr> <tr> <td>MC/Visa/Discover Network Mid-Qualified Credit</td> <td>_____ %</td> <td>MC/Visa/Discover Network Mid-Qualified Debit</td> <td>_____ %</td> <td></td> </tr> <tr> <td>MC/Visa/Discover Network Non-Qualified Credit</td> <td>_____ %</td> <td>MC/Visa/Discover Network Non-Qualified Debit</td> <td>_____ %</td> <td></td> </tr> </tbody> </table>	MC/Visa/Discover Network (3 Tier):	Discount Rate	MC/Visa/Discover Network Qualified Credit	Discount Rate	MC/Visa/Discover Network Qualified Debit	MC/Visa/Discover Network Qualified Credit	_____ %	MC/Visa/Discover Network Qualified Debit	_____ %		MC/Visa/Discover Network Mid-Qualified Credit	_____ %	MC/Visa/Discover Network Mid-Qualified Debit	_____ %		MC/Visa/Discover Network Non-Qualified Credit	_____ %	MC/Visa/Discover Network Non-Qualified Debit	_____ %		FOR ISO USE ONLY SIC/MCC _____ Auth. Grid ID #: _____		
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ENTITLEMENT SERVICES	MERCHANT NUMBER	ENTITLEMENT SERVICES	MERCHANT NUMBER	FEES
<input type="checkbox"/> American Express	# _____	<input type="checkbox"/> EBT - Food Stamps	# _____	\$ _____ (Per Item)
<input type="checkbox"/> Discover Network	# _____	<input type="checkbox"/> EBT - Cash Benefit	# _____	\$ _____ (Per Item)
<input type="checkbox"/> Check Services	# _____	<input type="checkbox"/> Other:	_____	\$ _____ (Per Item)
<input type="checkbox"/> Gift Card	# _____			

10. SIGNATURE(S)

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/Confirmation Page [version MMG1108(ia)], which is part of this Merchant Application, 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. Client authorizes Merchant Management Group, L.L.C. ("MMG") and BancorpSouth Bank ("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 names in this Merchant Application. Client authorizes MMG 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.

Client agrees to all the terms of this Merchant Application and Agreement. This Merchant Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by MMG and Bank.

Client's Business Principal/Officer:

Signature X _____ Title _____ Signature X _____
 Print Name of Signer _____ Date _____ Print Name of Signer _____
 Signature X _____ Title _____ Title _____ Date _____
 Print Name of Signer _____ Date _____

Personal Guarantee:

The undersigned guarantees to MMG and Bank the performance of this Agreement, and any addendum thereto by Client, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. MMG 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 MMG and Bank. The term of this guarantee shall be for the duration of the Merchant Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Personal Guarantee

Signature X _____ Print Name: _____ Date _____

Accepted By Merchant Management Group, L.L.C.

BancorpSouth Bank, 2278 West Jackson Street, Tupelo, MS 38801

Signature X _____ Signature X _____
 Title _____ Date _____ Title _____ Date _____