



5417 North Theard Street
Covington, Louisiana 70433

Reverse My Fees, LLC
It's Your Money, Keep It!

Date: _____

ISO Name: _____

ISO Phone: _____

ISO#: _____

CREDIT CARD PROCESSING QUESTIONS

MCC#: _____

Business Information

Corporate Name (INC/CORP/LLC)

DBA Name (SAME AS ON CC RECEIPT)

Business Address City State Zip

Business Phone Business Fax Tax ID

Website Email

Type Of Ownership Business Type Start Date:

Products or Services Sold:

Ownership Information

MGR? OWNER (1) NAME Title: SS# Ownership %
Yes

Home Address City State Zip

DATE OF BIRTH (mm/dd/yy) DRIVER LIC# DL State: Home Phone

MGR? OWNER (2) NAME Title: SS# Ownership %
Yes

HOME ADDRESS City State Zip

DATE OF BIRTH (mm/dd/yy) DRIVER LIC# DL State: Home Phone

MGR? OWNER (3) NAME Title: SS# Ownership %
Yes

Home Address City State Zip

DATE OF BIRTH (mm/dd/yy) DRIVER LIC# DL State: Home Phone

MGR? OWNER (4) NAME Title: SS# Ownership %
Yes

Home Address City State Zip

DATE OF BIRTH (mm/dd/yy) DRIVER LIC# DL State: Home Phone

Bank Information

BANK NAME: MANAGER:

ROUTING (ABA) #: Account (DDA) #:

Processing Information

Accept Amex? Existing Amex#: EBT (FSN)#:
Yes No

Annual AMEX Volume: Annual MC/VISA/DISC Volume: Total Volume:

Average Ticket: Highest Ticket:

Swipe%: MOTO % Internet % TOTAL MUST EQUAL 100%
+ % + % = %

Terminal Information

AutoBatch: Yes No Time: _____ AM PM Tip Adjust Yes Ship To: ISO Merchant

**MERCHANT PROCESSING
APPLICATION & AGREEMENT**

BUSINESS INFORMATION												
MERCHANT NAME (DBA OR TRADE NAME):					CORPORATE / LEGAL NAME:							
LOCATION ADDRESS:					CORPORATE ADDRESS:							
CITY:			STATE:		ZIP:		CITY:			STATE:		ZIP:
BUSINESS TELEPHONE:			BUSINESS EMAIL:			CONTACT TELEPHONE:			FAX NUMBER:			
BUSINESS PROFILE & ASSUMPTIONS												
OPEN DATE:			Type Of Busines:			Ownership Type:		FEDERAL TAX ID:		# of Employees:		
TYPE OF GOODS OR SERVICES SOLD (Please include a copy of return/refund policy):						WEBSITE:						
Average Ticket (\$):		Highest Ticket (\$):		Annual Visa / MC / DISC/ Volume:		% Card Swipe:	% MOTO Keyed:	% Internet:	(% Total must not exceed 100%)			
BANK INFORMATION												
DDA (Account #):				ABA (Routing #):				Bank Name:				
PRINCIPAL(S)												
(a) PRINCIPALS: The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above: (Please provide copy of driver's license for each signing principal)												
(1) Principal Name			Title		(2) Principal Name			Title				
Home Address				Ownership %		Home Address				Ownership %		
City		State	Zip		City		State	Zip				
Home Phone		Driver License # or Passport # w/ Exp Date			Home Phone		Driver License # or Passport # w/ Exp Date					
Social Security #:		DOB			Social Security #:		DOB					
(3) Principal Name			Title		(4) Principal Name			Title				
Home Address				Ownership %		Home Address				Ownership %		
City		State	Zip		City		State	Zip				
Home Phone		Driver License # or Passport # w/ Exp Date			Home Phone		Driver License # or Passport # w/ Exp Date					
Social Security #:		DOB			Social Security #:		DOB					
(b) MANAGEMENT Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as: • An executive officer or senior manager. (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. If appropriate, an individual listed under section (a) above may also be listed in this section (b).												
Full Name				DOB		Is this individual already listed in section (a)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete the next section						
Home Address				City			State		Zip			
Home Phone		Driver License # or Passport # w/ Exp Date			Social Security #:		DOB					
REFERENCES												
Bank Reference Name:		Contact:		Phone:		Account Number:						
Trade/Supplier Name:		Contact:		Phone:		Account Number:						
BANK DISCLOSURE												
MEMBER BANK (ACQUIRER) INFORMATION ESQUIRE BANK 100 Jericho Quadrangle Ste 100 Jericho, New York 11753 516-535-2002		Important Bank Responsibilities: 1. Esquire Bank is the only entity approved to extend acceptance of VISA products directly to a Merchant. 2. Esquire Bank must be a principal (signor) to the Merchant Agreement. 3. Esquire Bank is responsible for educating Merchants on pertinent VISA Operating Regulations with which Merchants must comply. 4. Esquire Bank is responsible for and must provide settlement funds to the Merchant. 5. Esquire Bank is responsible for all funds held in reserve that are derived from settlement.					Important Merchant Responsibilities: 1. Ensure compliance with cardholder data security and storage requirements. 2. Maintain fraud and chargebacks below thresholds. 3. Review and understand the terms of the Merchant Agreement. 4. Comply with VISA Operating Regulations.					
The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member—Esquire Bank—is the ultimate authority should the Merchant have any problems.												
MERCHANT / (OWNER) Print:				Authorized Signature:				Date:				

SITE SURVEY

Inventory maintained: On Site Warehouse Off Site Fulfillment Center

Please provide fulfillment center name & address _____

Was the off site location visited? Yes No If No, please provide explanation: _____

Does the amount of inventory on shelves, floor and in warehouse appear consistent with this type of business and credit card volume?

Yes No If No, please provide explanation: _____

Does location have sufficient staff, telephone lines and other equipment to meet anticipated sales volume?

Yes No If No, please provide explanation: _____

Does the signage inside and outside match the goods or services sold listed on the application?

Yes No If No, please provide explanation: _____

Type of Building: Office Bldg. Suite Separate Blding Shopping Center/Mall

Zoning: Commercial Industrial Residential

Sq Footage: 0-500 501-1000 1001-2000 2001-4000 Other: _____

ATTACH MINIMUM OF ONE INSIDE PICTURE, ONE OUTSIDE PICTURE.

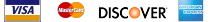
I hereby verify that I have inspected the business premises of the merchant at this address and the information stated above is correct to the best of my knowledge and belief.

Inspected By (Print Name): _____ Signature: _____ Date: _____

FEES

CREDIT

Package: _____ Other: _____
See section 7 in Merchant Agreement for fees



Pass Through Pin Debit Network Fees?
 YES NO

Pin Debit Auth
\$ _____ (Per Item)

Other Item Rate
\$ _____ (Per Item)

Other Volume Rate
_____ %

Invalid Tin Fee: \$19.99 /Month	ARU Fee \$ _____ (Per Item)	Annual Fee \$ _____	Retrieval Fee(12B Letter) \$ _____ (Per Item)	Chargeback Fee \$ _____ (Per Item)	NSF Fee \$ _____ (Per Item)	Collection Fee: 20% of Uncollected Amount
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EBT Food Stamps #: (Per Item) * EBT Addendum Req	EBT Authorization: \$ _____ (Per Item)	Monthly Minimum Fee: \$ _____	Wireless Fee: \$ _____	Membership Fee: \$ _____	NEXT DAY FUNDING Check to Enroll in NEXT DAY FUNDING
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PCI Validation \$ _____ PCI Non Validation: \$ _____ Valor Monthly Fee: \$ _____ Valor Wireless Fee: \$ _____

EQUIPMENT / SOFTWARE

<p>VALOR VL100 <input type="checkbox"/> WiFi <input type="checkbox"/> IP Quantity: _____ New Existing</p>	<p>VALOR VL110 (Wireless) <input type="checkbox"/> GPRS <input type="checkbox"/> WiFi Quantity: _____ New Existing</p>	<p>VALOR VL500 (Android) <input type="checkbox"/> GPRS <input type="checkbox"/> WiFi Quantity: _____ New Existing</p>	<p>MOBILE SWIPER Quantity: _____ New Existing</p>	<p>POS: _____ Quantity: _____ New Existing</p>	<p>AUTOBATCH <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER TIME AM PM</p>
<p>NOTES: _____ _____</p>		<p>PIN PAD MODEL: _____ QUANTITY: _____ New Existing</p>	<p>VIRTUAL TERMINAL MONTHLY FEE: _____ TXN FEE: _____</p>	<p>ENGAGE MY CUSTOMER MONTHLY FEE: _____ TXN FEE: _____</p>	<p>TIP ADJUST <input type="checkbox"/> YES</p>
<p>SHIP TO: <input type="checkbox"/> ISO <input type="checkbox"/> Merchant</p>					

EARLY TERMINATION FEE AGREEMENT

In the event that MERCHANT terminates this Agreement MERCHANT shall be liable to pay to ISO an EARLY TERMINATION FEE. The EARLY TERMINATION FEE shall be equivalent to the greater of (a) \$2,500; or (b) number of whole months remaining in the TERM hereof at the time of termination multiplied by the amount of FEES paid or payable by the MERCHANT during the month preceding that during which this AGREEMENT was terminated. MERCHANT agrees that this fee is not a penalty, but rather a reasonable estimation of the actual damages that would be suffered in the event of failure to receive the processing business for the then current term. MERCHANT agrees that the EARLY TERMINATION FEE shall also be due if MERCHANT discontinues submitting SALES for processing during the INITIAL TERM or any RENEWAL TERM of the AGREEMENT. The amount of the EARLY TERMINATION FEE maybe deducted from settlements payable to the MERCHANT under this Agreement. Paragraph references and capitalized terms not defined in this paragraph are defined in the attached Terms and Conditions. Any Termination of this Agreement during its first sixty (60) days after its effective date shall not be subject to the EARLY TERMINATION FEE

PERSONAL GUARANTEE

In consideration of Bank's acceptance of this Agreement, the undersigned Guarantor (jointly and severally if more than one) unconditionally guarantees the performance of all obligations of Merchant to Bank under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify Bank for all funds due from Merchant pursuant to the terms of the Agreement. Guarantor waives any and all rights of subrogation, reimbursement or indemnity derived from Merchant, and further waives any and all rights or defenses arising by reason of any modification or change in the terms of the Agreement whatsoever, including, without limitation, the renewal, extension, acceleration, or other change in the time any payment or other performance there under is due, and / or any change in any interest or discount rate or fee there under. Guarantor confirms that Guarantor, collectively or individually, is a party to the Agreement, and unconditionally and specifically authorizes Bank or their authorized agents, to debit any overdue fees, costs, chargebacks, fines, fees, penalties, expenses or obligations under the Agreement and / or any contractual relationship with Bank from any personal checking account or other account owned or controlled by Guarantor, and further to report any default hereunder on Guarantor's personal Credit Bureau Report. Guarantor agrees to pay all costs and expenses of whatever nature, including attorneys' fees and other legal expenses, incurred by or on behalf of Bank in connection with the enforcement of this Guaranty.

Guarantor #1: (print) _____ (Sign) _____ Date: _____
Guarantor #2: (print) _____ (Sign) _____ Date: _____

MERCHANT ACCEPTANCE & AGREEMENT

By executing this Merchant Application on behalf of the merchant described above (the "Merchant"), the undersigned individual(s); (i) represent(s) and warrant(s) that all information contained in this Merchant Application is true, correct and complete as of the date of this Merchant Application, and that such individual(s) have the requisite corporate power and authority to complete and submit this Merchant Application and make and provide the acknowledgements, authorizations and agreements set forth below, both on behalf of the Merchant and individually; (ii) acknowledge(s) that the information contained in this Merchant Application is provided for the purpose of obtaining, or maintaining a merchant account with Bank on behalf of the Merchant; (iii) authorize Bank to investigate the credit of the Merchant and each person listed on this Merchant Application; (iv) agree, on behalf of the Merchant and in the event this Merchant Application is accepted and executed by Bank, to the Fee Schedule set forth above and to the Terms and Conditions included with and incorporated into this Merchant Agreement. Merchant understands that this Agreement shall not take effect until Merchant has been approved by Bank and a merchant number is issued.

Merchant (Legal Name): _____ Esquire Bank (sign) _____
Principal 1: _____ Sign: _____ Title: _____ Date: _____ Name: _____
Principal 2: _____ Sign: _____ Title: _____ Date: _____ Title: _____



36-36 33rd St., Ste 306
 Long Island City, NY 11106
 Phone: (866)811-1005
 Fax: (800)597-7176

ACH AGREEMENT

Customer Legal Name: _____

Contact: _____

Customer Address: _____

City/State: _____ **Zip:** _____

Telephone : _____ **Email :** _____

Customer hereby authorizes Merchant Industry LLC (the "Company") to debit their Bank Account (the "Account") for all funds due to the Company without respect to the source of such funds in the Account. With respect to Automated Clearing House ("ACH") settlement of transactions (i.e. electronic debits and credits to and from the Customer's Bank Account), Customer hereby agrees to be bound by the terms of operating rules of the National Automated Clearing House Association and authorizes the Company to initiate ACH debit or credit entries and adjustments to the Bank Account for all products and/or services provided to Customer by Merchant Industry LLC, and for all required settlement adjustments related thereto. The Company shall not be liable for any delays in receipt, debit or description of funds or errors in account entries caused by third parties including, but not limited to, the Association or Bank. Customer shall not close the Account without providing the Company with written notice of such closure and substitution of another account at least five (5) days prior to such an event. Customer shall be solely liable for all the fees and costs associated with the Account, and for all fees and costs associated with the ACH program, products and services provided by Merchant industry LLC, its Partners, Agents and Contractors to Customer . If Merchant Industry LLC shall be ACHing Customer's bank accounts, all parties agree to be bound by all terms of the most recently signed ACH agreement. In all cases, Customer shall ultimately be responsible for all funds due for products and services provided by Company.

Procedure – For ACH Collections, Merchant Industry LLC shall ACH the appropriate bank account at any day of the week, or as needed based on product sales or service or type of product offered, for the prior period's activity for the net amount due (i.e. gross sales less margin). Copy of Voided Customer's Check will be kept on file.

 **Signature:** _____

Print Name: _____

Title: _____

Date Signed: _____

Routing Number/ ABA : _____

Accounting Number/ DDA: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.