



SAGE PAYMENT SOLUTIONS

ADDITIONAL BANKCARD LOCATION APPLICATION

Fax requests to (703) 848-1772 or (703) 991-5374

Group _____ Association _____ SIC _____ Sales Rep _____

BUSINESS INFORMATION

Business Legal Name		Business Name / DBA	
Mailing / Billing Address		Location Address (if different)	
City, State, Zip		City, State, Zip	
County		County	
Contact Name		Contact Name	
E-Mail Address		E-Mail Address	
Phone Number	Fax Number	Phone Number	Fax Number

BUSINESS PROFILE

Business Open Date	Length of Ownership ____ Yrs, ____ Mos	Method of Sale Card Present _____ %	Sales Direct to Consumers _____ %
Expected Annual Card Sales \$ _____	Average Ticket \$ _____	Card Not Present _____ %	Business to Business _____ %
Type of Goods / Service	Type of Business	Total = 100%	Total = 100%
Current Processor	# of Location(s) ____ of ____	Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No	(if Yes) High Volume Months

OWNERSHIP INFORMATION

Ownership Type	<input type="checkbox"/> Sole Prop	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Owner 1 / Partner / Officer Name	Title	Equity Ownership	Social Security Number	
Home Address	City, State, Zip		Phone Number	
Owner 1 / Partner / Officer Name	Title	Equity Ownership	Social Security Number	
Home Address	City, State, Zip		Phone Number	



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ADDITIONAL CARD TYPES (check all applicable)

<input type="checkbox"/> American Express	Enter 10-Digit American Express Merchant Number _____
<input type="checkbox"/> Discover Card	Enter 15-Digit Discover Merchant Number _____
<input type="checkbox"/> Diners Club	Enter 10-Digit Diners Club Merchant Number _____
<input type="checkbox"/> Carte Blanc	Enter 10-Digit Carte Blanc Merchant Number _____
<input type="checkbox"/> JCB	Enter JCB Merchant Number _____

SCHEDULE OF CHARGES AND FEES

Statement Fee \$ / Month	Min. Monthly Fee \$ / Month	Amex EDC Only \$ / Each	Auth. Only \$ / Each
Merchant Benefit \$ / Month	Non Bankcard Auth / EDC Fee \$ / Each	Voice Address Verification \$ / Each	Other

DEPOSITORY ACCOUNT INFORMATION

Bank Name	Phone Number	Routing Number	Account Number
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NOTE: Additional Equipment / Services Form must be completed / submitted with this form.

CERTIFICATION AND AGREEMENT

Merchant Signature	Date
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By signing this agreement, I understand that outstanding sums due and owing to SAGE PAYMENT SOLUTIONS may be charged and debited from my current depository account. Non-sufficient funds for these debits are grounds for a change in FEES or TERMINATION of MERCHANT CREDIT CARD PROCESSING AGREEMENT. In the event of non-payment of any sums due, SAGE PAYMENT SOLUTIONS reserves the right to withdraw such sums from the current depository account at any time to ensure payment of the same.

ATTACH A VOIDED CHECK FOR THE DEPOSITORY ACCOUNT BELOW