

APPLICATION PROCEDURES AND CHECK-LIST

Thank you for selecting us to assist you in obtaining a credit card merchant account. We look forward to working with you.

Your merchant account application will be handled by Palmer Group. If you have any questions about the merchant account application, please call the Palmer Group Corporate Office: **(719) 495-1392**.

INSTRUCTIONS:

1. Please print out all five pages of this document:
 - This instruction sheet
 - Merchant Credit and Debit Card Processing Agreement (2 pages)
 - Personal Financial Statement
 - American Express Card Acceptance Agreement
 - Authotrans.com Internet Set-Up Form
2. Complete all forms in their entirety. When completing these forms, please make sure all of the information is complete. Please print clearly.
3. Print a paper copy of your entire website.
4. Provide a copy of any brochures or marketing information on your business.
5. Required signatures: two on the credit card application (bottom of pages 1 & 2), one on the Personal Financial Statement, one on the American Express Agreement, and one on the Authotrans.com Internet Set-Up Form.
6. To ensure that credit card funds are applied to your checking account, please provide an *original voided check*.
7. Please complete the Authotrans.com Internet Set-up Form; if this form is not completed and signed your credit card application will not be processed.

Mail the completed applications with original signatures to :

Palmer Group
Attn: Credit Card Processing Department
3995 Timber Lane
Colorado Springs, CO 80908

for faster service, overnight delivery is recommended!

MERCHANT CREDIT AND DEBIT CARD PROCESSING AGREEMENT

Agent Code **R P 5**

BUSINESS NAME(S)		MID NUMBER OFFICE USE ONLY	
Business LEGAL Name:			
Business Name/DBA Name:			
Mailing/Billing Address:		MERCHANT PROFILE ("BUSINESS")	
City, State, Zip:		Business Open Date:	Length of Current Ownership:
Contact Name:		Expected Monthly Card Sales (\$):	Average Ticket (\$):
Phone Number: ()	Fax Number: ()	Type of Business:	Type of Goods/Services Sold:
Location Address (If different from Mailing):		Current Processor, if applicable: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	Site Inspection Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see attached
City, State, Zip:	County:	Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months: _____	
Contact Name:		Method of Sale:	
Phone Number: ()	Fax Number: ()	Card Present _____%	Sales to Direct Consumer _____%
		Card Not Present _____%	Business to Business _____%
		TOTAL 100%	TOTAL 100%

OWNERSHIP INFORMATION			
Ownership Type: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____		Federal Tax ID# (9 digits): _ _ _ _ _ _ _ _ _	
Owner 1/Partner/Officer Name:	Title in Business:	Equity Ownership: _____%	Social Security #: _ _ _ _ _ _ _ _ _
Home Address:	City,State,Zip:	Phone Number: ()	
Owner 2/Partner/Officer Name:	Title in Business:	Equity Ownership: _____%	Social Security #: _ _ _ _ _ _ _ _ _
Home Address:	City,State,Zip:	Phone Number: ()	

MERCHANT APPLICATION REFERENCES			
Bank Reference Name:	Contact:	Phone Number: ()	Account #:
Trade Reference 1 Name:	Contact:	Phone Number: ()	Account #:
Trade Reference 2 Name:	Contact:	Phone Number: ()	Account #:

PLEASE FILL IN BELOW

Does your company or you, manage or own another business which already has a merchant account with Card Payment Systems? If yes, list name address and merchant #:

Name of Business	Address	Merchant #

Have you or any principals of your company or any company you had a financial interest in, been previously terminated by another credit card processor or bank for Visa or MasterCard. If yes, please explain:

Important: I estimate that _____% of the Visa and MasterCard transactions that will be accepted by the business listed on this application will be card present (either swiped through a credit card terminal or manually imprinted on a credit card sales draft) and _____% will be card not present (either telephone or mail orders).

The parties hereto agree to each of the terms and covenants set forth below and acknowledge that such provisions are binding upon each of them, their successors, heirs and assigns. In witness whereof, the MERCHANT hereto sets its hand as of this date.

Signature: _____ Title: _____ Name: _____ Date: _____

Signature: _____ Title: _____ Name: _____ Date: _____

**SCHEDULE OF CHARGES (FEES)
THREE-TIER PRICING**

DISCOUNT Rate Tier Description	Discount Rate (%)	\$ Per Item Fee	Qualification Description (Based on Gross SALES and Transaction Volume)
Rate 1		\$.20	Single Authorization required; full mag-stripe read during authorization; all data passed; settled within 2 days of approved transaction date.
Rate 2	Rate 1 + 1.45% + 9 cents		Authorization required; all data passed; settled within 3 days of approved transaction date. Key entered sales are billed at this rate.
Rate 3	Rate 1 + 1.90% + 13 cents		Authorization required above floor limit; settled within 30 days of approved transaction date.
EIRF	N/A		Authorization is required; transaction is not electronically authorized; full contents of mag stripe not transmitted for settlement.
Business Card 1 (Electronic) T & E merchants only	Rate 1 + 1.10% + 9 cents		Authorization required and passed in settlement; settled within 3 days of approved transaction date for Visa, 9 days of approved transaction date for MasterCard. Key entered sales are billed at this rate.
Business Card 2 (Standard) T & E merchants only	Rate 1 + 1.34% + 9 cents		Authorization required above floor limit; settled within 30 days of approved transaction date.

MAIL/TELEPHONE ORDER/KEY ENTERED TRANSACTIONS

DISCOUNT Rate Tier Description	Discount Rate (%)	\$ Per Item Fee	Qualification Description (Based on Gross SALES and Transaction Volume)
Rate 1		\$.30	Authorization required; all data passed; settled within 3 days of approved transaction date. Electronic address verification required.
Rate 2	Rate 1 + .60% + 4 cents		Authorization required above floor limit; settled within 3 days of approved transaction date. Without electronic address verification.
Rate 3	Rate 1 + 1.40% + 13 cents		Authorization required above floor limit; settled within 30 days of approved transaction date.

OTHER FEES

ACH Fee	\$ 0.00	/	Discover Authorization/EDC Fee	\$.20 /each
Terminal Maintenance Fee (optional \$7.50)	\$	/	American Express Authorization/EDC Fee	\$.20 /each
Statement Fee	\$10.00	/	Diners Authorization/EDC Fee	\$. /each
Minimum Monthly Discount Fee	\$25.00	/	JCBI Authorization/EDC Fee	\$. /each
Voice Authorization Fee	\$.50	/each	Other Debit Trans. Fee	\$.39 /each
Check Verification Fee	\$	/	Other	\$. /each

ELECTRONIC DEBIT/CREDIT AUTHORIZATION

Merchant hereby authorizes Bank, in accordance with this Agreement, to initiate debit/credit entries to Merchant's deposit account, as indicated below. This authority is to remain in full force and effect until (a) Bank has received written notification from Merchant of its termination, in such a manner as to afford Bank reasonable opportunity to act on it and (b) all obligations of Merchant to Bank that have arisen under this Agreement have been paid in full.

Type of Account: Checking Only

* A voided check from this account must be attached	Bank Name:		Phone:	
	Address:		City:	State: Zip:
	Transit Number:		DDA Number:	

IMPORTANT NOTICE

All information contained in this application was completed or supplied by all contracting parties. MERCHANT accepts all contractual aspects of the AGREEMENT. MERCHANT understands that this AGREEMENT shall not take effect until signed by NATIONAL CITY BANK OF KENTUCKY & NATIONAL PROCESSING COMPANY. BY ITS SIGNATURE HERETO, MERCHANT ACKNOWLEDGES THAT IT IS IN POSSESSION OF AN IMPRINTER AND HAS RECEIVED A COPY OF THE RULES.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT (INCLUDING FUNDS TRANSFER INSTRUCTIONS ATTACHED HERETO) TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES TO BE EFFECTIVE ON THE DATE SET OUT BELOW.

NATIONAL PAYMENT SYSTEMS, INC. d/b/a CARD PAYMENT SYSTEMS

By signing below I certify all information is true and correct and that I am personally guaranteeing all obligations set forth in this agreement.

Signature: _____

Name: _____

Date: _____

Signature: _____ Name: Laurence L. Stone

Title: _____ President _____ Date: _____

Company: _____ Card Payment Systems _____

CONTRACTING OFFICER FOR NATIONAL CITY BANK OF KENTUCKY & NPC

Signature: _____ Name: _____

Date: _____



PERSONAL FINANCIAL STATEMENT

Supplement to application for merchant acceptance with Card Payment Systems

Name: _____ Date of Birth: _____ Date: _____

Social Security Number: _____ Home Address: _____

Home Phone: _____ Business Phone: _____

1. INCOME STATEMENT

Average yearly personal income the past 2 years as reported on personal tax returns \$ _____

2. CASH IN BANKS (Checking, Money Market, Savings Accounts)

Bank Name	Account Number	Balance

3. NON-CASH ASSETS (Brokerage Accounts, Life Insurance, Mutual Funds, Marketable Securities)

Description (Incl. # of shares)	In Name of	Market Value

4. REAL ESTATE OWNED

Address	% of ownership	Present Market Value	Balance Unpaid	Monthly Mortgage Payment

Attached Documentation (if required)

Tax returns
 Bank statements
 Brokerage account statements
 Mortgage papers
 other

Merchant Name

Signature



Internet Set-Up Form

Agent # _____

Merchant Business Information

Business DBA: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

URL Address: _____

E-Mail Address: _____

Owner/Principle Name: _____

Webmaster Name: _____

Webmaster email address: _____

Name of Credit Card Processor: _____

BILLING INFORMATION

One-Time Set-Up Fee: _____

Monthly Gateway Fee: _____ Per Month

Transaction Fee: \$.10/per trans.

Web Site Hosting Fee: _____ Per Month

Bank Name: _____ Bank Phone: _____

Checking Account # _____ Routing # _____

Credit Card Type: Visa MC AMEX (Circle One)

Card Number: _____ Exp Date: _____

I, _____ (merchant), understand that it is my responsibility to have my web-site integrated (either by my web-master or myself) to the Authotrans.com gateway.

I agree and authorize my checking account and/or credit card listed above to be charged each month for all Authotrans.com fees indicated above. I also agree that there are no refunds for any fee collected by Authotrans.com.

**** (Note: A Original Voided Check Must Be ATTACHED to Application) ****

Merchant Signature: _____ Date: _____