

Standard Service Agreement Guide



APPLICATION/SERVICE AGREEMENT

1
STORE NUMBER

2
OFFICE

3
REP. NO

P.O. BOX 6008
PETALUMA, CA 94955-6008

REGISTERED DBA: 4	(“YOUR STORE”)	AND/OR: 5
LEGAL NAME: 6		FEDERAL TAX ID#: 7
BUSINESS STREET ADDRESS: 8		BUSINESS TELEPHONE: 9
CITY: 10	STATE: 11	ZIP: 12
OWNER: 14		EMAIL ADDRESS: 13
CONTACT NAME: 16		DRIVER'S LICENSE#: 15
CURRENT CHECK SERVICE: 18		FAX NUMBER: 17
CURRENT MONTHLY CHECK SALES: \$ 20		CURRENT RATE: 19
AVERAGE CHECK SALE: \$ 22		TOTAL MONTHLY CHECK LOSSES: \$ 21
PRODUCTS OR SERVICES OF APPLICANT: 24		AVERAGE RETURNED CHECK: \$ 23
POINT-OF-SALE EQUIPMENT TYPE: 26		NUMBER OF LOCATIONS APPLIED FOR: 25
		CHECK READER (If applicable): 27

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|--|---|
| <ol style="list-style-type: none"> 1. Store Number 2. Office 3. Rep. Number 4. Registered DBA 5. And/Or 6. Legal Name 7. Federal Tax ID# 8. Business Street Address 9. Business Telephone 10-12. City, State Zip 13. Email Address 14. Owner 15. Driver's License 16. Contact Name 17. Fax Number 18. Current Check Service* 19. Current Rate* 20. Current Monthly Check Sales* 21. Total Monthly Check Losses* 22. Average Check Sale* 23. Average Returned Check* 24. Products or Services 25. Number of Locations 26. POS Equipment Type 27. Check Reader | <p>Check Center will assign a 6-digit Store Number to the merchant.</p> <p>Check Center has assigned a three-letter Office Code for you to use.</p> <p>What is the Rep Number assigned to the individual sales representative?</p> <p>What is the registered “Doing Business As” name of the business?</p> <p>What is the secondary business name, if applicable?</p> <p>What is the legal name of the company or corporation?</p> <p>What is the Federal Tax Identification number? (Not needed for sole proprietors)</p> <p>What is the physical address of the business?</p> <p>What is the business phone number?</p> <p>What is the city, state, zip of the business physical address?</p> <p>What is the business e-mail address?</p> <p>What is the name of the principal owner or officer signing the agreement?</p> <p>What is the driver’s license number for the principal signing the agreement?</p> <p>What is the name of the primary contact for matters pertaining to this agreement?</p> <p>What is the corporate or proprietor fax number?</p> <p>What is the name of their current check service provider, if any?</p> <p>What percentage rate is the current service provider charging, if applicable?</p> <p>What is the current total monthly gross check sales revenue?</p> <p>What is the total monthly estimated dollar amount in check losses?</p> <p>What is the average dollar amount per check sale?</p> <p>What is the average per check dollar amount on returned checks?</p> <p>What type(s) of products or services does the company sell? List them.</p> <p>How many store/office locations is the business applying for?</p> <p>What type of processing equipment will the merchant be using?</p> <p>What type of check reader will the merchant be using?</p> |
|--|---|

* If this does not apply or is unknown, please indicate with N/A.

MAXIMUM APPROVAL LIMIT \$ **28**

MONTHLY MINIMUM \$ **29**

SERVICE TYPE **30**

- Standard 1.89%
- One Time Application Fee \$295 (non-refundable)

PREMIUMS **31**

- Premium Approval (2¢/transaction)
- Multiple Check Premium (2¢/transaction)
- Disputed Stop Payment Premium (2¢/transaction)
- COD Premium (2¢/transaction)
- Partial Payment Premium (2¢/transaction)
- Bank Fee Premium (15¢/transaction)

Bank Account & Routing Number **32**
 Name of Bank **33**
 (Attach Voided Check)

YOUR STORE(S)' SIGNATURE VERIFIES ALL INFORMATION ON THIS APPLICATION AND REPRESENTS YOUR STORE(S)' EXPRESS CONSENT TO ALL TERMS AND CONDITIONS ON SUBSEQUENT PAGES, AND CONFIRMS YOUR OFFER TO ENTER INTO AN AGREEMENT.

By: **34** Date: **35**
 Print Name: **36**
 Title: **37**

CHECK CENTER'S ACCEPTANCE OF YOUR APPLICATION, TO INCLUDE ANY ENHANCEMENT PACKAGES OR PREMIUMS, AS APPLICABLE, ACCEPTED BY AN OFFICER OF CHECK CENTER IN YOUR CONFIRMATION LETTER, FORMS THE ENTIRE AGREEMENT (CORPORATE OFFICE USE ONLY)

By: **38** Date: _____
 Title: _____
 Venue: Sonoma County, California

- 28 Maximum Approval Limit** Determine the maximum check approval dollar amount for the merchant.
- 29 Monthly Minimum** The standard monthly minimum is \$35.
- 30 Service Type** Check all boxes that apply under this heading.
- 31 Premiums Packages** Check all premium or enhancement package boxes that apply under this heading.
- 32 Bank Account & Routing #** What is the merchant's checking account number and routing number?
- 33 Name of Bank** What is the name of the merchant's bank? Please attach a voided check here.
- 34 By** The principal owner or officer of the company must sign their name here.
- 35 Date** What is today's date (month/day/year)?
- 36 Print Name** The principal owner or officer of the company must print their name here.
- 37 Title** What is the full title of the principal owner or officer signing this agreement?
- 38 Check Center's Acceptance** Check Center will complete this information. Leave blank.

- 39. Attach Voided Check** Business to attach voided company check in the space provided.

ATTACH ORIGINAL VOIDED CHECK HERE

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PO Box 6008
 PETALUMA, CA
 (800) 843-7354

Please see actual service agreement for complete terms and conditions.

SAY *Yes* TO CHECKS®