



535 Menlo Dr., Suite 1
Rocklin, CA 95765
Phone: (866) 277-7589

MERCHANT PROCESSING APPLICATION

First Financial Bank, Atlanta, GA

Program Code _____
 Lead Source _____

Application Date: _____ S/A Name: _____ S/A ID Number: _____
Office Name: _____ Office Number: _____ Office Phone # () _____

MERCHANT INFORMATION

Type of Ownership: Partnership Non-Profit Sole Proprietor Corporation LLC

Legal Business Name: _____ Doing Business As: _____

Billing Address: _____ Location Address: _____ How Long? _____

City / State / Zip Code: _____ City / State / Zip Code: _____

Contact Name: _____ Business Telephone # () _____

E-Mail: _____ Business Fax # () _____ Time in Business: Yrs./ Mos./

Web Address: www. _____ Federal Tax I.D. # _____

Business Hours M-F: _____ Sat-Sun: _____ Telephone # for MOTO orders: _____

Store # Multiple Locations If checked, attach Multiple Location Form.

General Comments: _____

PRINCIPAL NO. 1 PERCENTAGE OF OWNERSHIP

%

Name: _____ Date of Birth: / / Drivers License # _____

Social Security Number: _____ Home Phone # () _____ How Long? _____

Residence Address: _____ City: _____ State: _____ Zip: _____

PRINCIPAL NO. 2 PERCENTAGE OF OWNERSHIP

%

Name: _____ Date of Birth: / / Drivers License # _____

Social Security Number: _____ Home Phone # () _____ How Long? _____

Residence Address: _____ City: _____ State: _____ Zip: _____

CURRENT OR PREVIOUS PROCESSOR

Are you now processing, or have you ever processed, Visa/MasterCard? Yes No If yes, attach 3 months most recent processing statements.

Name of Current/Previous Processor(s): _____

BUSINESS DESCRIPTION

PRODUCTS SOLD

Specific Type of Business: _____ Describe Specific Type of Product/Service Sold: _____

Seasonal Merchant Bankcard Account? Yes No Number of Days until Product/Service is Delivered to Consumer: _____

Describe your Merchant Return Policy: _____

Business Description Comments: _____

AUTHORIZATION TO ACH (Include Voided Business Check)

Bank Name: _____ Phone Number () _____ City: _____ State: _____ Zip: _____

Transit # (ABA Routing) _____ Account # _____

REFERENCES

Name (Business): _____ Contact Name: _____ Phone # () _____

Name (Personal): _____ Phone # () _____

Address: _____ City: _____ State: _____ Zip: _____

SERVICES ORDERED

Visa/MasterCard:	Card Swipe	% Manually Keyed	% Phone/Mail Order	% Internet	%	Total (100%)
Monthly Processing Limit Requested	\$	Application Fee	\$	Monthly Service Fee	\$	AVS \$ 0.05 each
Average Ticket	\$	Authorization Fee	\$	Transaction Fee	\$	Voice Auth \$ 1.00 each
Qualified Discount Rate Requested	%	Monthly Minimum	\$	Setup Fee	\$	ACH Return Item Fee \$ 25.00 each
Mid-Qualified Rate: (Discount Rate + 0.70% + .10)		Annual Fee	\$	T/E Trans Fee	\$	Retrieval Request \$ 7.00 each
Non Qualified Rate: (Discount Rate + 1.40% + .10)		Other Fee:			\$	Chargebacks \$ 25.00each
Over Limit Fee: \$25.00 Plus a 1% surcharge will be applied to all bankcard volume over approved processing limit.						

OTHER ENTITLEMENTS:

Discover	<input type="checkbox"/> New Application Attached	<input type="checkbox"/> Existing Account #																		
American Express	<input type="checkbox"/> New Application Attached	<input type="checkbox"/> Existing Account #																		
Diners Club	<input type="checkbox"/> New Application Attached	<input type="checkbox"/> Existing Account #																		
DEBIT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transaction Fee	\$	Monthly Fee	\$															

TERMINAL HARDWARE/SOFTWARE

DEPLOYMENT:	<input type="checkbox"/> Cornerstone Ship Equipment	<input type="checkbox"/> Agent Reprogram Customer Owned	BILLING:	<input type="checkbox"/> Purchase	<input type="checkbox"/> Rental	<input type="checkbox"/> Reprogram
PRODUCTS:	<input type="checkbox"/> Terminal	<input type="checkbox"/> Wireless	<input type="checkbox"/> Internet Gateway	<input type="checkbox"/> Software		
Terminal Type:	Software Type:				Setup Fee	\$
Printer Type:	<input type="checkbox"/> Windows <input type="checkbox"/> Mac				Monthly Access Fee	\$
Pin Pad Type:	Web Address:				Per Item Fee	\$
Internet Gateway Type:	Shopping Cart:				Wireless IP Address Fee	\$

Terminal Hardware/Software Comments:

MERCHANT SITE SURVEY (Completed by Sales Representative)

Specific Business Type:	Type of Building:	Square Footage: (approx.)
Merchandise Sold:	S/A Comments:	
S/A Signature *	Date:	

* By his/her signature, the S/A is certifying that he/she has visited the location and the information herein set forth is true and correct.

CERTIFICATION & AGREEMENT

By signing below, the Merchant named above: (1) certifies that all information and documents submitted in connection with this Application are true and complete; (2) authorizes Bank or its agent to verify any of the information given, including credit references, and to obtain credit reports (including a spouse's if in a community property state); (3) have read, agreed to, and acknowledges receipt of the booklet entitled "Agreement Number 02042002 Merchant Agreement," all of which is incorporated herein and deemed a part hereof by reference, and agrees to be bound by the terms and conditions thereof (such booklet, together with this Application, the "Agreement."); (4) agrees that Merchant and each transaction submitted to Bank will be bound by the terms and conditions in the Agreement; and (5) agrees that Merchant will submit transactions to Bank only in accordance with the information in this Application and will immediately inform Cornerstone in writing at the address above if any information in this Application changes. The Agreement will become effective only when signed by Bank and Cornerstone Payment Systems. Merchant further acknowledges that, as used in this paragraph, "Bank" means the banking institution indicated by appropriate mark in one of the check boxes located at the top of the first page of this document.

(Merchant's Initials _____)

In WITNESS WHEREOF, the parties hereto have executed this Agreement as of this day _____, 2002

Merchant: By _____ By _____
 Merchant Principal or Corporate Officer Signature Merchant Principal or Corporate Officer Signature

Print Name

Print Name

Accepted by Bank: By _____ Accepted by Cornerstone Payment Systems: By _____

PERSONAL GUARANTY:

In consideration of Bank and Cornerstone Payment Systems' 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 and Cornerstone Payment Systems under the Agreement, and payment of all sums due thereunder, and in the event of default, hereby waives notice of default and agrees to indemnify Bank and Cornerstone Payment Systems 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 all other rights and defenses available to Guarantor under California Civil Code Sections 2787 to 2856, inclusive (or any similar suretyship laws), 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 thereunder is due, and/or any change in any interest or discount rate or fee thereunder. Guarantor confirms that Guarantor, collectively or individually, is a party to the Agreement, and unconditionally and specifically authorizes Bank, or its authorized agent, to debit any overdue fees, costs, chargebacks, fines, fees, penalties, expenses or obligations under the Agreement and/or any contractual relationship with Bank or Cornerstone Payment Systems 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 or Cornerstone Payment Systems in connection with the enforcement of this Guaranty. Guarantor further acknowledges that, as used in this paragraph, "Bank" means the banking institution indicated by appropriate mark in one of the check boxes located at the top of the first page of this document.

_____, An Individual Date: _____, An Individual Date: _____
 Signature Signature

 Print Name Print Name