



Representing National Bank of the Redwoods, Santa Rosa, CA

Signature Card Services
8360 Melrose Avenue, 3rd Floor
Los Angeles CA 90069
(323) 966-0050
FAX (323) 966-0056

Business Name, Location, Billing, Type of Business, Contact Name, Federal Tax ID #, Have You Processed credit cards Before?, Web Address, E-Mail Address, Principal No. 1 Percentage of Ownership, Principal No. 2 Percentage of Ownership, Authorization to ACH, Other Cards Accepted, Equipment Used / Terminal Download Information, Signature Reporting Options

Please continue on following page.....

Account Setup Information

Monthly Processing Volume (Limit) _____ Bankcard Average Ticket _____ Sales Agent _____

Each applicant certifies that the above average ticket size and monthly sales volume is accurate and acknowledges that any **significant** variance from this information could result in delayed or withheld settlement of funds, and/or assessment of additional fees.

Schedule of Processing Fees (Schedule "A")

Application / Setup Fee _____	Monthly Minimum Fee _____	Customer Service Fee _____
Mastercard/Visa Qualified Discount Rate* _____	Authorization/Transaction Fee _____	(Includes mailing a hard-copy of your statement each month)
Debit Per Transaction Fee _____	Debit Monthly Access Fee _____	Online Reporting Access _____

Other Fees

Chargeback Fee \$25 Retrieval Request Fee \$5.25 Address Verification (AVS) Fee \$0.10 Voice Authorization Fee \$2.00
 *Mid- and Non-Qualified rates will appear on your Schedule "A" upon approval. Wireless Terminal Monthly Access is \$15 / Terminal

Business Description Summary *Please complete this section if your business sells products/services over the phone or internet.*

Please give us a brief description of the product or service you will be accepting credit cards for:

In what geographical areas will your products be sold or services be offered?

How does the business advertise? Direct Mail Magazines Yellow Pages Radio/Television Internet (list web addresses below)

What is your web site address(es)?

How are products or services sold? Internet In-person Mail Order Phone Order Inbound _____ Outbound _____

Who processes the order? Merchant Fulfillment center Other

Who enters credit card information into the processing system? Merchant Fulfillment center Consumer Other _____

After charge authorization, how long until product ships? _____ Who ships the product? Merchant Fulfillment center

Shipped Via? US Mail Other _____ Type of Service: Regular Overnight
 Delivery Receipt Requested: Yes No

What are the best times to contact you?

Briefly describe your refund policy

MERCHANT acknowledges that the BANK will determine all Rates, Fees and Charges. Bank will notify MERCHANT of the approved Fees and MERCHANT, by evidence of MERCHANT'S first settled transaction, agrees to pay such approved Fees. MERCHANT warrants that the information provided above is true and correct and that the BANK is relying on such information in its approval process and in setting the applicable Discount Rate. For this purpose, BANK/Signature may utilize credit bureau/agencies and/or its own agents. MERCHANT understands that the Merchant Processing Agreement shall not take effect until MERCHANT has been approved by BANK and a Merchant Number is issued. If your application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain statement, please contact: National Bank of the Redwoods, Bankcard Division, 111 Santa Rosa Avenue, Santa Rosa CA 95404 within 60 days of the date you are notified of the decision. The bank will send you a written statement explaining why the application was denied, within 30 days of receiving your request.

1 _____
 Authorized Signature _____ Date _____ Authorized Signature _____ Date _____
Principal #1 **Principal #2**

MERCHANT AGREEMENT *(Sign here after reading the complete Merchant Agreement)*

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Agreement as of the date set forth below the signature of each.

2 _____
 Authorized Signature _____ Date _____ Authorized Signature _____ Date _____
Principal #1 **Principal #2**

ARTICLE 4.00 - 4.03 GUARANTOR *(If merchant is a corporation, then a principal or associate of said corporation must sign as a personal guarantor)*

3 _____
 Name _____ Authorized Signature _____ Date _____
 Residence Address - Street, City, State and ZIP _____ Phone Number _____

DEBIT AGREEMENT *(Sign here after reading the complete Debit Agreement, and only if you wish to accept debit cards from your customers)*

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Agreement as of the date set forth below the signature of each.

4 _____
 Authorized Signature _____ Date _____ Authorized Signature _____ Date _____
Principal #1 **Principal #2**