



## Merchant Processing Agreement

### Business Information

Form Av629

Business Legal Name: (Must match corporate name on check)		Business DBA Name:	
Mailing/Billing Address:		Location Address (If different from mailing):	
City/State/Zip:		City/State/Zip:	
Phone: (     )		Phone: (     )	
Fax: (     )		Fax: (     )	
Contact:	# Of Location:	Type of Business:	Time Zone of Terminal Location:

### Ownership Information

Type of Ownership: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		Date Incorporated:	Federal Tax ID #:
Owner/Partner/ Officer Name:		Title:	% Of Ownership:
Home Address:		City/State/Zip:	
Social Security #:	Home Phone: (     )	Length of Ownership:	

### Automated Clearing House Transactions

<b>Authorization for Automated Clearing House Transactions (ACH)</b>		
Member Merchant hereby authorizes CONNECT\$ and/or DAS, Inc. and/or their assignees to initiate credits/debits to their DDA account and the bank indicated below to credit/debit the amounts thereof to the DDA account indicated below. This authorization shall remain in effect until cancelled by Member Merchant providing DAS, Inc. receives 30 days prior written notice.		
Bank Name:	Phone: (     )	
Address:	City/State/Zip:	
Contact Name:	FRBABA # (Routing#)	Account #:
* A voided check from this account must be provided in order to process transactions.		

### Terminal Information

Terminal Type/Model:					Terminal Transaction: Minimum: <b>\$10.00</b> Maximum: \$ _____	
Quick Cash Keys:	Key 1	Key 2	Key 3	Key 4	<b>Surcharge Information</b>	
Enter Amount:				Other	Total Surcharge: \$ _____	Merchant Receives: \$ _____

### Scheduled Fees

Registration Fee: \$ _____ One time only	Terminal Maintenance Fee: \$ _____ (optional)**
Monthly Service Fee: \$ _____ Per Month*	Denied Transaction Fee: \$ <b>.12</b> (per transaction)

\*Monthly Service Fee per month covers: 24/7 Call Center, statements, chargebacks, reversals, settlement and research-up to two items per mo.  
 \*\*Terminal Maintenance Fee per month covers: Replacement insurance and supplies

MEMBER MERCHANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZES DAS/CONNECT\$ OR ITS AUTHORIZED ASSIGNEES TO VERIFY SAME, INCLUDING OBTAINING A CONSUMER REPORT ON THE ABOVE INDIVIDUALS AND ACKNOWLEDGES RECEIPT, ACKNOWLEDGEMENT AND AGREEMENT OF THE TERMINAL PLACEMENT AGREEMENT AND THE SERVICES AGREEMENT ON THE REVERSE SIDE HEREOF.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

