



1505 N University Dr, 3rd Floor
 Coral Springs, FL 33071
 877-444-2367 Phone
 954-653-1148 Fax

CDMS Merchant Services Inc (CDMS) is a registered ISO/MSP of :
First Bank
 200 Fourth Avenue North, STE 100 Nashville, TN 37219
 Phone: (615)687-1293

CDMS USE:

AGENT/OFFICE: _____

AGENT NAME: _____



Is a referral partner of
CDMS Merchant Services Inc (CDMS)

MERCHANT PROCESSING APPLICATION

PLEASE FILL OUT AND FAX TO (954) 653-1148

BUSINESS NAME(S) AND PROFILE

CORPORATE LEGAL NAME:		TOTAL # OF LOCATIONS:	FED. TAX ID:
DOING BUSINESS AS (DBA):		MAILING NAME:	
LOCATION ADDRESS:		MAILING ADDRESS:	
SUITE:		SUITE/APT:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
CONTACT:	LOCATION TELEPHONE: ()	CORP. TELEPHONE: ()	CORP. FAX: ()
EMAIL ADDRESS:		WEBSITE ADDRESS: WWW.	
DESCRIBE BUSINESS:		<input type="checkbox"/> SMALL AND/OR DISADVANTAGED BUSINESS	
VISA/MC/DISCOVER ANNUAL \$ VOLUME \$	VISA/MC/DISCOVER \$ IN HIGHEST MONTH \$	VISA/MC/DISCOVER AVERAGE TICKET \$	VISA/MC/DISCOVER HIGH TICKET \$
OWNERSHIP: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC / LLP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVT.	TYPE OF BUSINESS: <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> LODGING <input type="checkbox"/> INTERNET <input type="checkbox"/> SERVICES <input type="checkbox"/> MAIL/TELEPHONE ORDER <input type="checkbox"/> OTHER: _____	LOCATION TYPE: <input type="checkbox"/> RETAIL STOREFRONT <input type="checkbox"/> INTERNET STORE <input type="checkbox"/> BUSINESS OFFICE <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> BANK <input type="checkbox"/> OTHER: _____	LENGTH OF CURRENT OWNERSHIP: YEARS: _____ MONTHS: _____
PERCENTAGE OF SALES THAT ARE FROM: MAIL ORDERS / TELEPHONE ORDERS _____% INTERNET ORDERS _____%			
TYPES OF PAYMENTS YOU ARE NOW ACCEPTING: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINERS <input type="checkbox"/> PIN DEBIT <input type="checkbox"/> PAPER CHECK WITH VERIFICATION/GUARANTEE <input type="checkbox"/> ELECTRONIC CHECK CONVERSION <input type="checkbox"/> GIFT CARDS			

BANKING INFORMATION

BANK NAME:	BANK CITY, STATE:	BANK TELEPHONE NUMBER
TRANSFER ABA ROUTING (9 DIGITS)	ACCOUNT NUMBER	TYPE OF ACCOUNT: <input type="checkbox"/> BUSINESS CHECKING <input type="checkbox"/> PERSONAL CHECKING <input type="checkbox"/> SAVINGS ACCOUNT

CREDIT CARD TERMINAL - VIRTUAL TERMINAL - GATEWAY - POS SYSTEM

Set terminal to automatically settle at ___:___ PM	<input type="checkbox"/> Reprogram	<input type="checkbox"/> Purchase \$ _____	<input type="checkbox"/> Internal Pin Pad	<input type="checkbox"/> External Pin Pad
I want to use Slim CD for the following				
<input type="checkbox"/> Card Swipe Terminal on my PC				
<input type="checkbox"/> Virtual Terminal				
<input type="checkbox"/> Internet Gateway				
<input type="checkbox"/> Recurring Billing (Enterprise Edition)				
<input type="checkbox"/> Countertop Terminal	Model	Printer	Program	
<input type="checkbox"/> Countertop Terminal	Model	Printer	Program	
<input type="checkbox"/> POS System	Software	Version #	Dealer Phone	
<input type="checkbox"/> Dial Pay	<input type="checkbox"/> Internet Gateway	Name	Developer Phone	
Instructions: Does your terminal need a 9 to dial an outside phone line?				

OWNER/OFFICER

Have Principals Filed for Personal or Business Bankruptcy during the past 10 years? YES NO

PRINCIPAL #1	% of Ownership:	Title:		
Last Name		First Name/ MI	Social Security	
Home Address		City State Zip	Home Phone	
Driver's Lic/ State		DOB	Cell Phone	Email
PRINCIPAL #2	% of Ownership:	Title:		
Last Name		First Name MI	Social Security	
Home Address		City State Zip	Home Phone	
Driver's Lic/ State		DOB	Cell Phone	Email

AGREED AND ACCEPTED

The undersigned (jointly and severally if more than one) guarantees to CDMS and Bank the performance of this agreement and any addendum thereto by Merchant, including payment of all sums due and owing and any attorneys fees and costs associated with enforcement of the terms thereof. CDMS and Bank shall not be required to first proceed against Merchant or enforce any other remedy before proceeding against the undersigned. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned, shall bind the heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of CDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Agreement and any addendum thereto and shall guarantee all obligations which may arise or accrue during the term thereof. Enforcement shall be sought subsequent to any termination.

MERCHANT: The undersigned represents and warrants that all information provided by the Merchant Bankcard Application and Merchant Processing Agreement, and any other documentation supplied thereto, is true and correct. Also, the undersigned authorizes CDMS and the Bank or its' representative to investigate the credit and background of each person listed on the Merchant Application and represents that he/she has the authority to provide such information. Additionally, the Merchant has received a copy of the Schedule of Fees and Merchant Processing Agreement which becomes a part of this contract and understands all charges, terms and fees.

Print DBA Name of Merchant _____

Principal #1
Signature _____

Principal #2
Signature _____

Print Name _____

Print Name _____

Date _____ Title _____

Date _____ Title _____

Corporate Resolution - The officer(s) identified below have the authority to execute the Merchant Processing Agreement with CDMS Merchant Services Inc and the Bank on behalf of the corporation.

Signature _____ Date _____ State INC. _____
President or Secretary

Print Name _____ Title _____ Year INC. _____

SCHEDULE OF FEES

X Accept All Cards Accept Only Business & Credit Cards Accept Only Consumer Debit / Prepaid Cards Accept Only Pin Debit

Visa/ MasterCard/Discover	Discount Rate	Transaction Fee	Other Fees	Rate
Preferred Bundled	%	\$		
Retail Qualified	%	\$	ACH Reject Fee	\$ 30.00
MOTO & Internet	%	\$	Voice Authorization (Call in by Phone)	\$ 1.50
Mid- Qualified	%	\$	EDC	\$
Non-Qualified	%	\$	AVS	\$
Preferred CP Plus	%	\$	Retrieval Fee	\$ 2.00
I/C Pass-Through *	.50%	\$	Chargeback Fee	\$ 25.00
File Residency		\$	Monthly Minimum Fee	\$ 10.00
MATCH		\$	Monthly Statement Fee	\$ 10.00
Application Processing		\$	<input type="checkbox"/> Manual Imprinter Starter Kit	
Batch Settlement Item		\$ 0.25	<input type="checkbox"/> Online Reporting	
Visa / MC Authorization		\$ 0.25	<input type="checkbox"/> Pin Debit Network Access	\$ 0.00
American Express / Discover Authorization		\$ 0.25	<input type="checkbox"/> Pin Debit Per item Fee	

* V/MC Dues & Assessments are billed at pass-through.

American Express # _____

EBT (FCS#) _____

Special Conditions:

OTHER SERVICES

Certegy Check Services

Annual Volume: \$ _____ Average Ticket: \$ _____

- Check Verification
- Check Guarantee

- ECC Check Conversion – Imageless
- ECC Check Conversion – Imaged

Terms & Conditions: Per Transaction .10, Initial Set Up 75.00, monthly minimum 25.00 and or statement fee may apply, *Rates to be determined by business type and monthly volume. Additional equipment may be required.

By signing, I am applying for Check Services and will execute a separate agreement supplied by Certegy Check Services.

Signature X _____

SLIM CD Store Front, GATEWAY \$195.00 One-time Set-up fee, \$14.95 monthly account fee. Billing will appear on merchant statement.

- Store Front
 Store Front with PIN
 Virtual Terminal
 Internet
 Enterprise- Recurring Billing (add \$10.00/ mo)
- ___ Card Reader Purchase \$ _____

SLIM CD Gift Card Program

- \$.00 monthly access fee. Cost for Custom Card Printing based quantity and design. Call us for a quote. 1-877-444-2367

MERCHANT SITE SURVEY REPORT

TYPE OF BUILDING:

SHOPPING CENTER MALL OFFICE BUILDING RESIDENCE OTHER _____

SQUARE FOOTAGE: APPROXIMATELY _____ THE MERCHANT: OWNS LEASES

LANDLORD NAME _____ CONTACT PERSON _____

PHONE: () _____

TIME AT THIS LOCATION _____ IS BUSINESS NAME VISIBLE ON SIGNAGE? YES NO

IF NO, EXPLAIN WHY: _____

TYPE OF BUSINESS _____ PRODUCT / SERVICE _____

DOES THE AMOUNT OF INVENTORY AND MERCHANDISE ON THE SHELVES AND FLOOR APPEAR CONSISTENT WITH THE TYPE OF BUSINESS?

YES NO IF NO EXPLAIN: _____

THE TYPICAL CUSTOMER WOULD BE: _____

FULLY DESCRIBE THE FOLLOWING:

YOUR BUSINESS: _____

YOUR PRODUCT / SERVICE: _____

() I CERTIFY I PERSONALLY DID NOT CONDUCT THE PREMISES INSPECTION AS DESCRIBED ABOVE.

EXPLAIN WHY: _____

() I CERTIFY I PERSONALLY CONDUCTED THE PREMISES INSPECTION AS DESCRIBED ABOVE.

Bank Rep. [PRINT NAME]	Bank Rep. SIGNATURE	DATE
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CDMS USE ONLY - Agreed and Accepted by CDMS Merchant Services Inc (CDMS):

Sign _____ Date _____

Print Name _____ Title _____

BANK USE ONLY - Agreed and Accepted by FirstBank:

Sign _____ Date _____

Print Name _____ Title _____

ATTACH VOIDED CHECK HERE

**ATTACH COPY OF
PRINCIPAL 1'S
DRIVER'S LICENSE
HERE**

**ATTACH COPY OF
PRINCIPAL 2'S
DRIVER'S LICENSE
HERE**

ADDITIONAL REQUIREMENTS:
PLEASE PROVIDE:

- COPY OF ARTICLES OF INCORPORATION

AND

IF CURRENTLY ACCEPTING CREDIT CARDS:
THREE (3) CONSECUTIVE MONTHS MERCHANT STATEMENTS

IF NOT CURRENTLY ACCEPTING CREDIT CARDS:
COPY OF BUSINESS LICENSE

FOR CDMS USE ONLY

PROCESSOR _____ APPLICATION _____ V# _____ TERMINAL # _____

**UPON COMPLETION, PLEASE FAX THIS APPLICATION TO:
(954) 653-1148**



DISCLOSURE PAGE

MEMBER BANK (ACQUIRER) INFORMATION

Acquirer Name: FirstBank
Acquirer Address: 200 Fourth Avenue North, Ste 100, Nashville, TN 37219

IMPORTANT MEMBER BANK (ACQUIRER) RESPONSIBILITIES

A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.

A Visa Member must be a principal (signer) to the Merchant Agreement.

The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply.

The Visa Member is responsible for and must settle with funds with the Merchant.

The Visa Member is responsible for all funds held in reserve that are derived from settlement.

MERCHANT INFORMATION:

Merchant Name:
Merchant Address:

Merchant Phone: _____
Merchant E-mail _____

IMPORTANT MERCHANT RESPONSIBILITIES

Ensure Compliance with cardholder data security and storage requirements.

Maintain fraud and chargeback below thresholds.

Review and understand the terms of the Merchant Agreement.

Comply with Visa Regulations.

The responsibilities listed above do not supersede terms of Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

This disclosure must be signed by the Merchant Principal owner or authorized Officer, which signature confirms that he/she has reviewed a copy of this document and that Merchant must be (has been) provided with an executed copy of this disclosure page as well as a copy of the executed Merchant Application and Merchant Services Program Guide, which, together with this Disclosure Page, form the Merchant Agreement.

Merchant's Signature

Date

Merchant's Printed Name and Title

**PLEASE FAX THE SIGNED DOCUMENT to 954-653-1148
OR MAIL TO CDMS MERCHANT SERVICES:
1505 N UNIVERSITY DR., 3RD FLOOR, CORAL SPRINGS, FL 33071**

Attestation of Compliance, SAQ B

Instructions for Submission

The merchant must complete this Attestation of Compliance as a declaration of the merchant's compliance status with the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Security Assessment Procedures*. Complete all applicable sections and refer to the submission instructions at "PCI DSS Compliance – Completion Steps" in this document.

Part 1. Qualified Security Assessor Company Information (if applicable)

Company Name:	NA		
Lead QSA Contact Name:	NA	Title:	NA
Telephone:	NA	E-mail:	NA
Business Address	NA	City:	NA
State/Province:	NA	Country:	NA
URL:		ZIP:	

Part 2. Merchant Organization Information

Company Name:		DBA(S):	
Contact Name:		Title:	
Telephone:		E-mail:	
Business Address		City:	
State/Province:		Country:	
URL:		ZIP:	

Part 2a. Type of merchant business (check all that apply):

- Retailer
 Telecommunication
 Grocery and Supermarkets
 Petroleum
 E-Commerce
 Mail/Telephone-Order
 Others (please specify):

List facilities and locations included in PCI DSS review:

Part 2b. Relationships

Does your company have a relationship with one or more third-party service providers (for example, gateways, web-hosting companies, airline booking agents, loyalty program agents, etc)? Yes No

Does your company have a relationship with more than one acquirer? Yes No

Part 2c. Transaction Processing

Payment Application in use: Cash Advance () Retail () Other () Payment Application Version:

Part 2d. Eligibility to Complete SAQ B

Merchant certifies eligibility to complete this shortened version of the Self-Assessment Questionnaire because:

<input type="checkbox"/>	A. or	Merchant uses only an imprint machine to imprint customers' payment card information and does not transmit cardholder data over either a phone line or the Internet;
	B.	Merchant uses only standalone, dial-up terminals; and the standalone, dial-up terminals are not connected to the Internet or any other systems within the merchant environment;
<input type="checkbox"/>	Merchant does not store cardholder data in electronic format; and	
<input type="checkbox"/>	If Merchant does store cardholder data, such data is only paper reports or copies of paper receipts and is not received electronically.	

Part 3. PCI DSS Validation

Based on the results noted in the SAQ B dated *January 26, 2010* asserts the following compliance status (check one):

- Compliant:** All sections of the PCI SAQ are complete, and all questions answered "yes," resulting in an overall **COMPLIANT** rating, thereby *merchant* has demonstrated full compliance with the PCI DSS.
- Non-Compliant:** Not all sections of the PCI SAQ are complete, or some questions are answered "no," resulting in an overall **NON-COMPLIANT** rating, thereby (*Merchant Company Name*) has not demonstrated full compliance with the PCI DSS.

Target Date for Compliance:

An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. *Check with your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.*

Part 3a. Confirmation of Compliant Status

Merchant confirms:

<input type="checkbox"/>	PCI DSS Self-Assessment Questionnaire B, Version 1.2, was completed according to the instructions therein.
<input type="checkbox"/>	All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment.
<input type="checkbox"/>	I have confirmed with my payment application vendor that my payment system does not store sensitive authentication data after authorization.
<input type="checkbox"/>	I have read the PCI DSS and I recognize that I must maintain full PCI DSS compliance at all times.
<input type="checkbox"/>	No evidence of magnetic stripe (i.e., track) data ² , CAV2, CVC2, CID, or CVV2 data ³ , or PIN data ⁴ storage after transaction authorization was found on ANY systems reviewed during this assessment.

² Data encoded in the magnetic stripe used for authorization during a card-present transaction. Entities may not retain full magnetic-stripe data after transaction authorization. The only elements of track data that may be retained are account number, expiration date, and name.

³ The three- or four-digit value printed on or to the right of the signature panel or on the face of a payment card used to verify card-not-present transactions.

⁴ Personal Identification Number entered by cardholder during a card-present transaction, and/or encrypted PIN block present within the transaction message.

Part 3b. Merchant Acknowledgement

<i>Signature of Merchant Executive Officer</i> ↑		<i>Date</i> ↑
<i>Merchant Executive Officer Name</i> ↑		<i>Title</i> ↑
<i>Merchant Company Represented</i> ↑		