

MERCHANT'S CONTRACT FOR CARD SERVICES / MERCHANT APPLICATION

Type of Application / Service: <input type="checkbox"/> New <input type="checkbox"/> Additional Location <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Replacement <input type="checkbox"/> Other: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent			Region: <input type="checkbox"/> USVI <input type="checkbox"/> BVI		
Business Name			Name on Sales Ticket		
Physical Address (Be sure to include the zip code)			Postal Address (Be sure to include the zip code)		
Contact Person	Phone Number	Cellular Number	Additional Phone	Office Fax number*	
Type of Business	Type of Service		Tax ID Number	Category / SIC code	
Email*(please print)	Initials	Applicant's Name (Must be signer of DDA)		SSN	

Requested Services								
Product	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> ATH	<input type="checkbox"/> EBT		<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	<input type="checkbox"/> Other
				Cash	Food			
Service Charge (%)								
Additional Interchange Fee								
Transaction Fee (\$) (EBT)								

Terms and Conditions							
DDA-Deposit Account Number (CR)						I wish to process manual transactions, mail or phone orders, as established by the Contract Dealer for service cards. <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
DDA-Operational Account Number (DR)							
Membership Fee (\$)							
Type of Terminal Requested	<input type="checkbox"/> Wireless Terminal <input type="checkbox"/> Battery <input type="checkbox"/> W/O Battery	<input type="checkbox"/> Line Terminal <input type="checkbox"/> Dial Up <input type="checkbox"/> IP	<input type="checkbox"/> Mobile	<input type="checkbox"/> Cash Register	<input type="checkbox"/> Other		Service Charge for Software: Set Up 1 Time \$ _____ Monthly Charge \$ _____
Amount of equipment							
Monthly rent (\$)							

Special Instructions	
Additional Information	
Terminal Configuration <input type="checkbox"/> Tips Adjust <input type="checkbox"/> User Mode <input type="checkbox"/> No Refund <input type="checkbox"/> Cashier Mode <input type="checkbox"/> Other _____	

Merchant authorizes FirstBank to conduct an investigation, credit check, income and credit references prior to approval of this contract requirement. FirstBank reserves the right to approve this Agreement subject to the current rules of the Bank Cards Service. This Agreement will be effective upon execution by the parties, remain in force for three (3) years and be automatically renewed for successive period of one (1) year.* I (we) authorize FirstBank and EVERTEC to send any communication via email and / or fax provided in this schedule, as certify by my initials. Merchant certifies that the foregoing is true and correct, confirms receipt of the Merchant Agreement for Card Services and acceptance of the terms and conditions thereon.

_____ Applicant's Name	_____ Signature	_____ Date
_____ Sales Representative FirstBank	_____ Authorized Signature	_____ Date
_____ FirstBank Officer	_____ Authorized Signature	_____ Date
_____ Authorized Signature EVERTEC Group, LLC		_____ Date

Reviews: _____

MATCH:		FOR FIRSTBANK MERCHANT GROUP USE				
Organization	Merchant number	Chain number				
Data Entry	"Proofreading" Vision		Sent to POS	REQUEST	COMPLETED	
Initials						
Date						

PCI's Certification and Orientation

PCI Requirements (Payment Card Industry)

I, (we) as a participant of the Bank Merchant Services, hereby acknowledge that I, (we) will comply with all the standards implemented by the Product Card Industry (PCI):

- Maintain in a secured manner with limited access all information related to customer transactions and documents containing the cardholder account number.
- Any loss or robbery of account information due to misplacing of documents containing cardholder account number may result in fines from FirstBank.
- If FirstBank or EVERTEC are imposed with any fine due to my (our) failure to comply with PCI, I (we) are responsible for such fine / penalty.
- Maintain a system to guarantee business continuity and security of cardholder's information in case of an unexpected interruption.

Are you storing cardholder information in a personal computer of similar equipment?

Yes No

Are you connected directly to our Processor?

Yes No (If not, name your Gateway) -

 If applicable, are you using a third party service provider? Yes No (If yes, indicate the Software version) _____

 Merchant Signature