

European Addendum for Application for Credit Card Processing Service Agreement/New Division Request

Date:	Company ID No.:										
	Projected Live Date:										
Section 1: Company Information											
Company Legal Name:											
Contact Name: Phone N	O (Include country Code):										
Fax No.: Email A	ddress:										
Transactions processed for this new set up request belong	to:										
Merchant whose company legal name is represented above OR											
An Additional Company whose legal name is: partially owned affiliate registered DBA or	Other (explain	and is a wholly-owned of the merchant noted above.									
On behalf of		,									
	Company Legal Name)										
l,	,	,									
(Print Name)	at I bassa tha assthauits.	(Title)									
verify that the account set-up information is accurate, that I have the authority to make such a request and thus, it should be used to set up an additional account for our company.											
Section 2: VAT/Taxpayer ID Information (W-8 or W-9 require	ed for all merchant divis	ions that have a US indication)									
Transaction Division's VAT/Taxpayer ID#/No. A value added tax (VAT) is a form of consumption/sales tax.		_									
Legal Entity Name:	Corporation	ı Type:									
(i.e. Private Corp, Public Corp, Disregarded Entity, etc)	<u> </u>	<u></u>									
If W-9 provided please complete below	'l A I I										
1099K Contact Name: Ema This is the contact that will receive the 1099K mailing to the address I	il Address isted on the W-9 supplied	I									
Section 3: Business Unit (if different from division name)											
Parent Business Unit Name (if applicable):	(up to 30 bytes)	Parent Bus.Unit # (if applicable):									
Business Unit Name:	(up to 30 bytes)	Business Unit #:									
Section 4: Funding (if new banking see section 11)											
If funds should be deposited to an existing bank account	nt please complete t	he following:									
Will funds be deposited into your existing Bank Account set up wit	h Chase Paymentech?	☐ Yes or ☐No									
If yes, Bank Account # (Section 1)	tion11 does not need to	be completed)									
If funds should be deposited to an existing funds transf	er instruction please	e complete the following:									
Will this division utilize an existing Funds Transfer Instruction (FTI)	?□ Yes or □No <i>If no</i>	, a new FTI will be created.									
If yes, provide FTI # (Section)	tion 11 does not need to	be completed, currencies must match)									

Chase Paymentech Europe Limited, trading as Chase Paymentech, is regulated by the Central Bank of Ireland.

Registered Office: Eastpoint Plaza, 2nd Floor, East Point Business Park, Dublin 3, Ireland.

Registered in Ireland with the CRO under the Registration No. 474128.

Directors: Shane Fitzpatrick, Kevin Moran.



Section 5: Transaction Divis	sion (Regu	iired fo	or cred	dit app	roval a	and tra	ansact	ion pr	ocessi	ing)							
Transaction Division Name:																	
Currency (list only 1 each per division) Settlement: Presentment:																	
*** If using Cross Currency– please provide both the Presentment and the Settlement Currencies*** The following field appears on the customer's statement and identifies the merchant name for the consumer and credit card organizations. To further aid																	
consumer recognition, Visa has sanctioned the abbreviation of the merchant name. It must be separated from product information by an asterisk (*), which must appear in the 4th, 8th or 13th position. The asterisk cannot be used for Retail Merchants.										,,							
Cardholder Descriptor (For a	ll card types	with th	ne exc	eption	of Am	erican	Expres *	ss):									
(22 Character Limit)																	
Customer Service Ph	one No:																
(Customer Service Phone No		r Mail	Order	, Recu	rring, a	and Re	tail. 1	3 Cha	racter	Limit)	<u> </u>	l	1	1			
,	URL:																
	(URL is Op	tional,	if phor	ne num	ber is	provid	ed abo	ve, 13	Chara	acter Li	mit)	I	1	I.			
Internet service providers, e-commer	ce merchant	s may	utilize	a URL	inste	ad of C	custom	er Ser	vice P	hone if	not pro	ocessi	ng any	Mail-d	order tr	ansact	ions;
URL must only be 13 bytes and must Division Location Street Ad		top iev	ei don	nain or	SUTTIX	(exam	ipie ".c	om).									
Division Location Street Ad		uct bo	o etro	ot addi	rocc D	O Boy	es not	20000	tabla)								_
City:	(IVI	นรเมษ	a sile	et auui			Provi		itable)								
(City, State and Postal Code will be	utilized for R	etail tr	ansact	tions a	s the p	rimary	inform	nation	to the	custom	ers sta	temer	nt)				_
Zip/Postal Code:					_ C	ounti	ry:										
Product/Service Des	cription:																
1.104404.00.1100.200	•	ter pro	duct/s	ervice	inform	ation.	examo	l le: clo	thina.	l books.	memb	l ership	. 12 C	l haracte	er Limit	:)	
MC	C Code:					Opti				,			,			,	
Please provide MCC utilized for prev	ious process	ing (th	is will	be use	d whe			your	MCC i	n conju	inction	with	the pr	oduct/s	service	descri	otion)
Maximum Sales Transaction	Amount					_					Avg.	Tran	s. \$ A	mt:			
Maximum Refund Transaction	n Amount						Avg. # Trans. Per Year										
(Default \$25,000 U.S. dollars or eq	uivalent inte	ernatio	nal cu	ırrenc	y per t	ransa	ction)			Р	roject	ed R	efunc	1 % <u> </u>			
How will your customer provide	e How	do yo	u ma	rket t	his		Plea	ase s	elect	the		Р	lease	chec	ck if a	pplica	ble:
credit card information when	produ									aymeı	nt		Bill	Payn	nent -	- (A Bi	
they order your product or		-		e that	apply)		option for this division: Payment transaction is a										
service?		atalog rect N	•				(Select Only One)										
(Select only one)		terne					☐ Single payment										
☐ Mail/Phone		oace.								ayme				•		mbers	
(Marketing Material Required)		elevis					□ F	Recui	ring p	oaym	ents	In	suran	ce, etc	:)		·
☐ Internet (Please complete next section)			ind T	elema	arketi	ng		saction that		anaged	l by						
Section 5a: Internet Transaction		ther					merc	ilalit/s	Subiiii	ilei)							
Please provide full website ac If Internet is selected and the we		t vet a	vailat	ole to	consi	ımers	pleas	e con	nplete	a Mai	keting	a Mate	erial S	alagui	ment	form v	_ which
you may obtain from Merchant S	ervices or	your a	accou	nt exe	cutiv	e.											
If Internet, please advise:	Can a co															hat th	
(Select those that apply)	order and														nd cre e rea	edit ca	ırd
☐ SET	info (or e		лис С	i ieck	, via					thers	,	ou ula	at it Ci	antD	e ied	u UI	
☐ SET this website? ☐ No encryption method ☐ Yes ☐ No								s [•						



Section 6: Business Profile – billing & delivery of goods and services								
Do you stock product? ☐ Yes ☐ No	Do you fill your own merchandise orders? ☐ Yes ☐ No							
Do you own the product at the time of sale? Yes No	If no, who is your fulfillment service bureau?							
Do you provide custom orders at time of sale? Yes No								
Do you drop ship the product? Yes No	Fulfillment Contact:							
If yes, what %:	Phone # :							
Section 7: Chargeback Contact: (required) IQA (Manager/sup	ervisor – one who assigns work to MCAs)							
MRQA (Manager/supervisor – one who assigns work to MRAs)								
NOTE: This contact may receive any exception documents that may need to be mailed or faxed, if not participating in Chargeback								
Management this will be the default contact for Chargeback Mailing (see								
Location: Merchant Submitter Fulfillment (check one) If S	· · · · · · · · · · · · · · · · · · ·							
☐ Mr. ☐ Mrs. ☐ Ms. First Name:								
Title: Phone #	: Ext:							
Fax #: Email Address:								
Address:								
City: State/Prov: Zip/l	Postal Code: Country:							
Will this contact require access to: Transaction History Re	port Center							
Account Masking? First6/Last4 or Last 4(select only one)								
Does this contact have a Paymentech Online User	□No If yes, provide User ID:							
ID?								
Chargeback Contact: (required) MCA (Merchant Chargeback An								
	st – one who works the retrievals)							
\square Same as above (check here if the MCA/MRA Contact is the sai	ne as the IQA/MRQA contact)							
Location: Merchant Submitter Fulfillment (check one) If S	ubmitter/Fulfillment, Name:							
☐ Mr. ☐ Mrs. ☐ Ms. First Name:								
Title: Phone #	: Ext:							
Fax #: Email Address:								
Address:								
City: State/Prov: Zip/l	Postal Code: Country:							
Will this contact require access to: Transaction History Rep								
Account Masking? First6/Last4 or Last 4(select only one)								
Does this contact have a Paymentech Online User ID?								

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Section 8: Products and Services
Please indicate if you will be using any of the following additional services. Please note that some of these services May require an additional contract addendum and/or information if you currently do not have the service. (For information on these services, please contact your Chase Paymentech Relationship Manager)
1. Account Updater (US Only, Canada & UK Only):
☐Submitting or ☐Extracting (if extracting Indicate # of Days: (1-180 days) (if Orbital Gateway default is Submitting
Account Updater Visa EU Merchant ID required
2. MC/IM/SW SecureCode
3. MCID - MasterCard Assigned ID (6 digit numeric ID required)
4. Static AAV (Participation requires MC Secure, MasterCard Assigned ID and a MasterCard assigned 28 alpha/numeric code required)
5. Authorization Recycling
of recycle attempts: (Default is 3 if left blank) # of days between attempts: (Default is 3 if left blank)
Output Options:
Section 9: Methods of Payment
□ Visa □ MasterCard □ International Maestro For eCommerce transactions MC Secure required □ JCB (US & Yen only)
American Express (conveyed) As a rule: (US SE should begin with "1-8", International SE should begin with a "9", Canadian SE should begin with a "93", International SE valid on some cross currency divisions dependent on presentment currency) AMEX Parameter Information Cardholder Descriptor: (Appears on your American Express cardholder statement)(All other card types use descriptor in Section 5)
Cardinates December: (Appears of year American Express cardinates statements)
(20 bytes)
TAA #1: (22 bytes) TAA #2: (22 bytes)
TAA #1: (22 bytes) TAA #2: (22 bytes) TAA #3: (22 bytes) TAA #4: (22 bytes)
TAA #1: (22 bytes) TAA #2: (22 bytes) TAA #3: (22 bytes) TAA #4: (22 bytes) Do you support American Express Partial Auths? Yes \(\) No \(\)
TAA #1:

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Section 10: Processing Method								
Who will be submitting transactions to Chase Paymentech?								
☐ Merchant ☐ Other Co. Name: (i.e. fulfillment co. or ECommerce provider)								
If known, please provide the Presenter ID # (PID): or Submitter # (SU):								
☐ 1. NetConnect Batch and/or Online Authorization?								
Will you use NetConnect Batch for Connectivity?								
Will you use NetConnect for connectivity for online authorization only?								
If yes, NetConnect Contact Name: Email:								
UserId (if existing): Phone:								
2. Will you be using the Orbital Payment Gateway? *If this is the first division using the Orbital Payment Gateway, please contact your Relationship Manager								
Primary Contact*: UserID (if existing)								
Address:								
City: State: Zip/Postal Code: Country:								
Phone: Email (required):								
*Primary contact must be the merchant contact for security needs. User Contact Level of access: *Merchant or **Chain (select one, default is Merchant) *Merchant level - only requested divisions are available. **Chain level - every new division created will automatically be available Auto-Settle Time: AM or PM								
(If Blank – default will be no auto settle time)								
Merchant Time Zone: Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)								
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Merchant Time Zone: Note: The Auto-Settle time is based in the merchant time zone. (US time zones only) Profile Management required? Yes or No Level of access: Merchant or Chain (select one, default is Merchant) *Merchant level – only requested divisions are available. **Chain level - every new division created will automatically be available								
Merchant Time Zone: Note: The Auto-Settle time is based in the merchant time zone. (US time zones only) Profile Management required? Yes or No Level of access: Merchant or Chain (select one, default is Merchant)								
Merchant Time Zone: Note: The Auto-Settle time is based in the merchant time zone. (US time zones only) Profile Management required? Yes or No Level of access: Merchant or Chain (select one, default is Merchant) *Merchant level – only requested divisions are available. **Chain level - every new division created will automatically be available								



Note: When setting up multiple bank accounts, please complete a separate form for each.																				
Section	Section 11: Bank Account Information																			
	k only one	Settlement Cur		(00000	4	Dep		Comp	Complete all sections listed:											
	7 options below	Tu	nd to yo	u			(Coun	try w	nere Resid		listea:									
	ion #1 🗌		USD						US		A, E									
	on #2 🗌		CAD						CA		B1 to B3, E									
	on #3 🗌		USD						CA		B1 to B3, D3, D4, E									
Opti	ion #4 🗌		USD				Int'l			C1 to (
·		(list country funds are to in									-	depo	sited							
Opti	ion #5 🗌	□ Euro, □ GBP, □ JPY, □ AUD, □ Euro Bank or <u>SAME</u> as presentment/settlement currency □ NZD, □ ZAR											C1 a	C1 and/or C2, C3, E						
Opti	on # 6 🗌	□Euro, □GB HKD, □DKK, [□N]NOK, [(1	If DIF Int'l ist coun		Curre	and	C1 and/or C2, C3, D1 and/or D2, D4, E									
Opti	ion #7 🗌	□Euro, □GB HKD, □DKK, [□N		NOK, [CA	B1 to	B1 to B3, D1, D4, E									
		nk Account Info	ormatio	n																
	<i>preterable me</i> t 1 Transfer	thod of transfer) (require	d ovon it	f not so	loctod)									(ABA #)						
			u even n	i iiot sei	iecteu)										-					
	e Transfer (S			I										(Fedwiret	-					
	/Swift Transfe				<u> </u>					$\overline{}$	Щ.		<u>. </u>		(BIC/Swift 8 to 11 bytes)					
Please		/Swift code is reque transfer require	-							or Ca	anada	and	is se	ettiing tunas	s in USD.					
		•	S DOILL F	ACITAL	DA NOUI	ırıy#	anu re	avviie	7H.							-				
Specia	I Wire Instruct	ions: (60 bytes)														-				
																_				
Bank A	ccount #:	-		Con	npany N	ame:	(As app	ears	on Ba	ank i	Accou	ınt)				_				
Financi	ial Institution I	Name:														_				
City:			State	:	Z	Zip/Po	stal Cod	de:					Co	untry: U	nited States	_				
☐ Che	ecking OR	☐ Savings																		
Section	on B: Canad	dian Bank Acco	unt Info	rmatio	n: Tra	nsfer	Metho	d EF	T On	ly	1		1							
B1	Institution Nu	ımber:		EFT B	Branch T	ransit	Numbe	r:												
B2	BIC/Swift Co	de: (8 to 11 bytes)								(re	equire	ed if	settle	ment is US	SD)					
В3	Bank Accour	nt #		Com	pany Na	ame: (As appe	ears o	n Ba	nk A	Accour	nt)								
Financi	ial Institution I	Name:														-				
City:		Pro	vince:					Post	al Co	de:				Country:	Canada	-				
· -	cking OR	Savings	_													-				

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Section C: International Final Destination Bank														
Accou	nt Where Your Funds are Deposited				1					1				
C1	BIC/Swift Code: (8 to 11 bytes)													
C2	CHAPS Sort Code: (Required in Great Britain Only)													
C3	IBAN/Bank Account #													
	(IBAN required for all Banking lo	cated	in Euro _l	oean l	Jnion	Coun	tries)							
Compa	Company Name: (As appears on Bank account)													
Financ	Financial Institution Name:													
City:	State/Province:			_ Po	ostal C	Code				Coun	try:			
Specia	l Wire Instructions: (60 bytes)													
	on D: Corresponding/Clearing Bank Information													
	For Int'l Deposits going through J.P. Morgan Chase in Lond	lon, In	termed	ary is	not r	equir	ed. Co	omple	ete S	Sectio	n "C"	only		
D1	BIC/Swift Code: (8 to 11 bytes)													
D2	CHAPS Sort Code: (Required in Great Britain Only)													
D3	Wire Transfer: (USA Only)								(Roı	uting	#)			
D4	Financial Institution Name:													
City:	State/Province:			_ Po	ostal C	Code				Coun	try:			
Special Wire Instructions: (60 bytes)														
•	<u> </u>													
•	on E: Signature													
•		I,								, rep	orese	nt and	warrar	nt
Section		Ι,	(F	rint N	lame)					, rep	orese	nt and	warrar	nt
Section On behind that I h	nalf of (Merchant Legal Name) ave the authority to add banking information and I verify	. <u> </u>	•		•		mation	n is a	ccur					
Section On behind that I h	nalf of (Merchant Legal Name)	. <u> </u>	•		•		mation	n is a	ccur					
Section On behind that I h	nalf of (Merchant Legal Name) ave the authority to add banking information and I verify	. <u> </u>	•		•		mation	n is a	ccur					
Section On behind that I h	nalf of (Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature*	that th	ne abov	/e ba T	nking	infor			_				e used	
Section On behind that I h transfer	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authority to add banking information and I verify refunds accordingly.	that th	ne abov	/e ba T	nking itle	infor	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authorized Signature to process this request, please attacks.)	that th	d Sign	/e ba T	nking itle	infor	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authority to add banking information and I verify refunds accordingly.	that th	d Sign	/e ba T	nking itle	infor	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authorized Signature to process this request, please attacks.)	that th	d Sign	/e ba T	nking itle	infor	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authorized Signature to process this request, please attacks.)	that th	d Sign	/e ba T	nking itle	infor	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	Authorized Signature* (*Must be signed by Authorized not applicable) or a bank letter of verific	orised	d Signorigin	Telator	nking Title Ty/Fin	nanc che	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	(Merchant Legal Name) ave the authority to add banking information and I verify r funds accordingly. Authorized Signature* (*Must be signed by Authorized Signature to process this request, please attacks.)	orised	d Signorigin	Telator	nking Title Ty/Fin	nanc che	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	Authorized Signature* (*Must be signed by Authorized not applicable) or a bank letter of verific	orised	d Signorigin	Telator	nking Title Ty/Fin	nanc che	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	Authorized Signature* (*Must be signed by Authorized not applicable) or a bank letter of verific	orised	d Signorigin	Telator	nking Title Ty/Fin	nanc che	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	
Section On behalf that I had I	Authorized Signature* (*Must be signed by Authorized not applicable) or a bank letter of verific	orised	d Signorigin	Telator	nking Title Ty/Fin	nanc che	ial Co	ontac	ct)	ate a	nd sh	ould b	e used	

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Section 12: Report Center and Transaction History Information

Please be sure to include the information below for additional contact that requires access to Transaction History and/or Paymentech Online Report Center. Report delivery will be web based via Paymentech Online. Please note: You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online contacts. Chase Paymentech assumes no responsibility or liability of any kind for Merchant's failure to advise Chase Paymentech of changes to or elimination of Paymentech Online Users. Vease be sure to complete all fields below.									
·									
Salutation: Check one: Mr. Ms. Mrs.	T:41								
Name:									
Phone #: Fax #									
Address:									
City: State/Prov: Zip/Post	al Code: Country:								
Email Address: (40 bytes)									
(userna	me@domain.com)								
Does this contact have a Paymentech Online User ID? Yes Does this User require access to: Reporting Transaction For existing merchants – Is this User replacing an individual with Pa If yes, who? Has this individual For existing – Is this User's access to be mirrored like another User If yes, who? Account Masking? First6/Last4 or Last 4 (select only one)	History Both Account Masking Yes No ymentech Online Access? Yes No ual left the company? Yes No								
Salutation: Check one: Mr. Ms. Ms.									
	Titlo								
Phone #: Fax #	# :								
Address:									
City: State/Prov: Zip/Post	al Code: Country:								
Email Address: (40 bytes) (username@domain.com)									
·	□ No. If was places provide Heart ID:								
Does this contact have a Paymentech Online User ID? Yes Does this User require access to: Reporting Transaction F	· · · · · · · · · · · · · · · · · · ·								
For existing merchants – Is this User replacing an individual with Pa	,								
	ual left the company? Yes No								
For existing – Is this User's access to be mirrored like another User									
If yes, who?									
Account Masking? First6/Last4 or Last 4 (select only one)									
For additional Users, please submit additional forms.									
l, ,	verify that the								
(Print Name) contact information is accurate, that I have the authority to make such	(Title)*								
access for these contacts to access Transaction History and/or the I	-								
·	toport deliter.								
Signature:									
*(must be sig	ned by Executive or Financial Contact)								

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