

## 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 No (Include country Code): \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 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: \_\_\_\_\_ and is a  wholly-owned  
 partially owned  affiliate  registered DBA or  Other (explain: \_\_\_\_\_) of the merchant noted above.

On behalf of \_\_\_\_\_  
 (Company Legal Name)

I, \_\_\_\_\_, \_\_\_\_\_,  
 (Print Name) (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 required for all merchant divisions 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 Type: \_\_\_\_\_  
 (i.e. Private Corp, Public Corp, Disregarded Entity, etc)

#### If W-9 provided please complete below...

1099K Contact Name: \_\_\_\_\_ Email Address \_\_\_\_\_

This is the contact that will receive the 1099K mailing to the address listed on the W-9 supplied

### 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 please complete the following:

Will funds be deposited into your existing Bank Account set up with Chase Paymentech?  Yes or  No

If yes, Bank Account # \_\_\_\_\_ (Section 11 does not need to be completed)

#### If funds should be deposited to an existing funds transfer instruction please complete the following:

Will this division utilize an existing Funds Transfer Instruction (FTI)?  Yes or  No **If no, a new FTI will be created.**

If yes, provide FTI # \_\_\_\_\_ (Section 11 does not need to be completed, currencies must match)



Section 6: Business Profile – billing & delivery of goods and services	
Do you stock product? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own the product at the time of sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you provide custom orders at time of sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you drop ship the product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what %: _____	Do you fill your own merchandise orders? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is your fulfillment service bureau? _____ Fulfillment Contact: _____ Phone #: _____

Section 7: Chargeback Contact: (required) IQA (Manager/supervisor – 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 (second contact will not be required)	
Location: <input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment (check one) If Submitter/Fulfillment, Name: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. First Name: _____ Last Name: _____ Title: _____ Phone #: _____ Ext: _____ Fax #: _____ Email Address: _____ Address: _____ City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____ Will this contact require access to: Transaction History <input type="checkbox"/> Report Center <input type="checkbox"/> both <input type="checkbox"/> ? Account Masking? <input type="checkbox"/> First6/Last4 or <input type="checkbox"/> Last 4(select only one) Does this contact have a Paymentech Online User ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide User ID: _____	

Chargeback Contact: (required) MCA (Merchant Chargeback Analyst – one who works the chargeback's) MRA (Merchant Retrieval Analyst – one who works the retrievals)	
<input type="checkbox"/> Same as above (check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)	
Location: <input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment (check one) If Submitter/Fulfillment, Name: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. First Name: _____ Last Name: _____ Title: _____ Phone #: _____ Ext: _____ Fax #: _____ Email Address: _____ Address: _____ City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____ Will this contact require access to: Transaction History <input type="checkbox"/> Report Center <input type="checkbox"/> both <input type="checkbox"/> ? Account Masking? <input type="checkbox"/> First6/Last4 or <input type="checkbox"/> Last 4(select only one) Does this contact have a Paymentech Online User ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide User ID: _____	



**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?  Yes  No  
 Will you use NetConnect for connectivity for online authorization only?  Yes  No  
 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 To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.  
 (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)  
 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  
 VT Import Functionality?  Yes  No  
 Auth Recycling?  Yes  No # of Recycle Attempts: \_\_\_\_\_ (Default is 3) # of Days between attempts: \_\_\_\_\_

**3. Will you be using:**  PayPal/Verisign  CyberSource

**Note: When setting up multiple bank accounts, please complete a separate form for each.**

<b>Section 11: Bank Account Information</b>			
<i>Check only one of the 7 options below</i>	<b>Settlement Currency in which we will fund to you</b>	<b>Deposit (Country where your Bank Acct Resides)</b>	<b>Complete all sections listed:</b>
Option #1 <input type="checkbox"/>	USD	USA	A, E
Option #2 <input type="checkbox"/>	CAD	CAN	B1 to B3, E
Option #3 <input type="checkbox"/>	USD	CAN	B1 to B3, D3, D4, E
Option #4 <input type="checkbox"/>	USD	Int'l _____ (list country funds are being deposited in)	C1 to C3, D1, D3, D4, E
Option #5 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR	Euro Bank or <u>SAME</u> as presentment/settlement currency	C1 and/or C2, C3, E
Option #6 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR	If <u>DIFFERENT</u> than Settlement Currency Int'l _____ (list country funds are being deposited in)	C1 and/or C2, C3, D1 and/or D2, D4, E
Option #7 <input type="checkbox"/>	<input type="checkbox"/> Euro, <input type="checkbox"/> GBP, <input type="checkbox"/> JPY, <input type="checkbox"/> AUD, <input type="checkbox"/> HKD, <input type="checkbox"/> DKK, <input type="checkbox"/> CHF, <input type="checkbox"/> NOK, <input type="checkbox"/> SEK, <input type="checkbox"/> NZD, <input type="checkbox"/> ZAR	CAN	B1 to B3, D1, D4, E

<b>Section A: US Bank Account Information</b>										
<i>(select preferable method of transfer)</i>										
<input type="checkbox"/> ACH Transfer	<i>(required even if not selected)</i>									(ABA #)
<input type="checkbox"/> Wire Transfer	<i>(See Note)</i>									(Fedwire#)
<input type="checkbox"/> BIC/Swift Transfer	<i>(See Note)</i>									(BIC/Swift 8 to 11 bytes)
<b>Please Note:</b> BIC/Swift code is required if your division is located outside of the US or Canada and is settling funds in USD. Wire transfer requires both ACH ABA Routing# and Fedwire#.										
Special Wire Instructions: (60 bytes) _____										
Bank Account #: _____ Company Name: <i>(As appears on Bank Account)</i> _____										
Financial Institution Name: _____										
City: _____ State: _____ Zip/Postal Code: _____ Country: <b>United States</b>										
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings										

<b>Section B: Canadian Bank Account Information: Transfer Method EFT Only</b>														
<b>B1</b>	Institution Number:							EFT Branch Transit Number:						
<b>B2</b>	BIC/Swift Code: (8 to 11 bytes)													(required if settlement is USD)
<b>B3</b>	Bank Account # _____ Company Name: <i>(As appears on Bank Account)</i> _____													
Financial Institution Name: _____														
City: _____ Province: _____ Postal Code: _____ Country: <b>Canada</b>														
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings														

**Section C: International Final Destination Bank**

**Account Where Your Funds are Deposited**

<b>C1</b>	BIC/Swift Code: (8 to 11 bytes)																			
<b>C2</b>	CHAPS Sort Code: (Required in Great Britain Only)																			

**C3** IBAN/Bank Account # \_\_\_\_\_  
*(IBAN required for all Banking located in European Union Countries)*  
 Company Name: (As appears on Bank account) \_\_\_\_\_  
 Financial Institution Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Special Wire Instructions: (60 bytes) \_\_\_\_\_

**Section D: Corresponding/Clearing Bank Information**

*Note: For Int'l Deposits going through J.P. Morgan Chase in London, Intermediary is not required. Complete Section "C" only*

<b>D1</b>	BIC/Swift Code: (8 to 11 bytes)																			
<b>D2</b>	CHAPS Sort Code: (Required in Great Britain Only)																			
<b>D3</b>	Wire Transfer: (USA Only)																			

**D4** Financial Institution Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Special Wire Instructions: (60 bytes) \_\_\_\_\_

**Section E: Signature**

On behalf of \_\_\_\_\_ I, \_\_\_\_\_, represent and warrant  
 (Merchant Legal Name) (Print Name)  
 that I have the authority to add banking information and I verify that the above banking information is accurate and should be used to transfer funds accordingly.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature\*

**(\*Must be signed by Authorised Signatory/Financial Contact)**

**Note: In order to process this request, please attach an original voided check (starter check and bank statements not applicable) or a bank letter of verification.**

**ATTACH VOIDED CHECK HERE**

**Section 12: Report Center and Transaction History Information**

- 1. Please be sure to include the information below for additional contact that requires access to Transaction History and/or Paymentech Online Report Center.**
2. Report delivery will be web based via Paymentech Online.
3. 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.

*Please be sure to complete all fields below.*

Salutation: *Check one:*  Mr.  Ms.  Mrs.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: (40 bytes) \_\_\_\_\_  
(username@domain.com)

Does this contact have a Paymentech Online User ID?  Yes  No If yes, please provide User ID: \_\_\_\_\_

Does this User require access to:  Reporting  Transaction History  Both Account Masking  Yes  No

For existing merchants – Is this User replacing an individual with Paymentech Online Access?  Yes  No

If yes, who? \_\_\_\_\_ Has this individual left the company?  Yes  No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access?  Yes  No

If yes, who? \_\_\_\_\_

Account Masking?  First6/Last4 or  Last 4 (select only one)

Salutation: *Check one:*  Mr.  Ms.  Mrs.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: (40 bytes) \_\_\_\_\_  
(username@domain.com)

Does this contact have a Paymentech Online User ID?  Yes  No If yes, please provide User ID: \_\_\_\_\_

Does this User require access to:  Reporting  Transaction History  Both Account Masking  Yes  No

For existing merchants – Is this User replacing an individual with Paymentech Online Access?  Yes  No

If yes, who? \_\_\_\_\_ Has this individual left the company?  Yes  No

For existing – Is this User's access to be mirrored like another User Paymentech Online Access?  Yes  No

If yes, who? \_\_\_\_\_

Account Masking?  First6/Last4 or  Last 4 (select only one)

**For additional Users, please submit additional forms.**

I, \_\_\_\_\_, \_\_\_\_\_ verify that the  
(Print Name) (Title)\*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant access for these contacts to access Transaction History and/or the Report Center.

**Signature:** \_\_\_\_\_

**\*(must be signed by Executive or Financial Contact)**