

European New Merchant Account Set-up Form

Date: _____ Company ID: _____

Please scan and email back to your Sales Representative Projected Live Date: _____

Chase Paymentech Sales Contact: _____

Please contact your Chase Paymentech Sales Representative or the Sales Support Specialist for assistance in any of the following areas:

- Completing this Set-up Form
- If your account will require multiple processing divisions (i.e. merchant #s) and/or bank accounts
- For an electronic version of this form.

Section 1: Corporate Information

Company Legal Name: _____
 Company URL: http:// _____
 Trading As: _____ Nature of Business: _____
 Address: _____
 City: _____ County: _____ Post Code: _____ Country: _____
 Phone No (Include country code): _____ Fax No (Include country code): _____

Section 2: Corporate Contacts

Executive Contact

(The primary person to whom we will communicate regarding the merchant account, including but not limited to, general business information and Paymentech Online application.)

Mr. Mrs. Ms. Title: _____
 First Name: _____ Last Name: _____
 Phone#: _____ Ext: _____ Fax #: _____
 Email Address: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____

Authorised Signature for Banking/Financial Contact

(The person from whom we can obtain company financial information and who is authorized to request and sign for all banking changes and access for their internal contacts to our Paymentech Online application.)

Mr. Mrs. Ms. Title: _____
 First Name: _____ Last Name: _____
 Phone#: _____ Ext: _____ Fax #: _____
 Email Address: _____
 Address: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____

Section 3: Business Unit

Parent Business Unit Name (if applicable): _____ (up to 30 bytes)
Business Unit Name (if different than division name): _____ (up to 30 bytes)

Section 4: VAT/Taxpayer ID Information (W-8 or W-9 required for all merchant divisions that have a US indication)

Member State _____ 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)

Legal Entity Address: _____

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 5: Transaction Division (Required for credit approval and transaction processing)

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 all card types with the exception of American Express):

* * * * *
 (22 Character Limit)

Customer Service Phone No: _____
 (Customer Service Phone No. Required for Mail Order, Recurring, and Retail. 13 Character Limit)

URL: _____
 (URL is Optional, if phone number is provided above, 13 Character Limit)

Internet service providers, e-commerce merchants may utilize a URL instead of Customer Service Phone if not processing any Mail-order transactions; URL must only be 13 bytes and must contain the top level domain or suffix (example ".com").

Division Location Street Address: _____
 (Must be a street address, PO Boxes not acceptable)

City: _____ **State/Province:** _____
 (City, State and Postal Code will be utilized for Retail transactions as the primary information to the customers statement)

Zip/Postal Code: _____ **Country:** _____

Product/Service Description: _____
 (Enter product/service information, example: clothing, books, membership, 12 Character Limit)

MCC Code: _____ **Optional**

Please provide MCC utilized for previous processing (this will be used when considering your MCC in conjunction with the product/service description)

Maximum Sales Transaction Amount _____	Avg. Trans. \$ Amt: _____
Maximum Refund Transaction Amount _____	Avg. # Trans. Per Year _____
(Default \$25,000 U.S. dollars or equivalent international currency per transaction)	Projected Refund % _____

How will your customer provide credit card information when they order your product or service?
 (Select only one)
 Retail
 Mail/Phone
 (Marketing Material Required)
 Internet
 (Please complete next section)

How do you market this product or service?
 (Select only those that apply)
 Catalog
 Direct Mail
 Internet
 Space Ad
 Television
 Outbound Telemarketing
 Other

Please select the consumer's payment option for this division:
 (Select only one)
 Single payment
 Installment payments
 Deferred payments
 Recurring payments
 (transactions managed by merchant/submitter)

Please check if applicable:
 Bill Payment – (A Bill Payment transaction is a transaction for an ongoing service/billing cycle that is known and agreed upon in advance by the merchant and cardholder. (i.e. membership or Insurance, etc)

Section 6: Internet Transactions

Please provide full website address: _____

If Internet is selected and the website is not yet available to consumers please complete a Marketing Material Supplement form which you may obtain from Merchant Services or your account executive.

If Internet, please advise: (Select those that apply) <input type="checkbox"/> SSL <input type="checkbox"/> SET <input type="checkbox"/> No encryption method	Can a consumer place their order and provide credit card info (or electronic check) via this website? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the website secure (i.e., will the information that the consumer provides, such as their name and credit card number, to be encrypted) so that it can't be read or intercepted by others? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 7: Methods of Payment

Visa MasterCard **International Maestro** *For eCommerce transactions* [MC Secure required](#) JCB *(Yen only)*
 American Express *(conveyed)* SE# _____ (10 bytes)

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)*

_____ (20 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

For American Express Only, if yes – please select the following applicable option:
 Auth and Balance Return Partial Auth Both

How have you been classified as a merchant by American Express? *(Please select one)*
 Aggregator Petroleum or Neither

European Direct Debit

For EURO only:

Descriptor _____ (16 bytes)
Default will be the first 16 characters of your Cardholder Descriptor unless otherwise noted

Please select from below which country(s) you will offer Direct Debit:
 AT (Austria) BE (Belgium) DE (Germany) NL (Netherlands) FR (France)

For GBP only:

Descriptor _____ (7 bytes)
Default will be the first 7 characters of your Cardholder Descriptor unless otherwise noted

Country : UK Redeposit Parameter? No Yes Indicate number of days: _____ The default is "1"

Currency – should match Transaction Division Currency EURO GBP

**Section 8: 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.

Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name: _____
 Mr. Mrs. Ms. First Name: _____ Last Name: _____
 Title: _____ Phone No (Include country code): _____ Ext: _____
 Fax No: _____ Alternate Fax No: _____
 Email Address: _____
 Address: Same as legal trade address Other: _____
 City: _____ County: _____ Post Code: _____ Country: _____
 Will this contact require access to: Transaction History Report Center both ?
 Account Masking? First6/Last4 or Last 4(select only one)

**Chargeback Contact: (required) MCA (Merchant Chargeback Analyst – one who works the chargeback's)
 MRA ((Merchant Retrieval Analyst – one who works the retrievals)**

Same as above (check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)
 Location: Merchant Submitter Fulfillment (check one) If Submitter/Fulfillment, Name: _____
 Mr. Mrs. Ms. First Name: _____ Last Name: _____
 Title: _____ Phone No (Include country code): _____ Ext: _____
 Fax No: _____ Alternate Fax No: _____
 Email Address: _____
 Address: Same as legal trade address Other: _____
 City: _____ County: _____ Post Code: _____ Country: _____
 Will this contact require access to: Transaction History Report Center both ?
 Account Masking? First6/Last4 or Last 4(select only one)

Section 9: 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. Authorization Recycling
 Number of recycle attempts: ____ (Default is 3 if left blank) Number of days between attempts: ____ (Default is 3 if left blank)
 Output Options: Total (recommended) Standard

2. MC/IM/UKDM SecureCode

3. Account Updater (US Only, Canada & UK Only):
 Submitting or Extracting (if extracting Indicate # of Days: ____ (1-180 days)
 Account Updater Visa EU Merchant ID required _____

SECTION 10: PROCESSING METHOD

1. 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): _____

2. Will you be using: Paypal/Verisign Cybersource

3. NetConnect Batch and/or Online Authorization?

Will you use NetConnect Batch for connectivity? Yes No
 Will you use NetConnect Online Authorization for connectivity? Yes No
 NetConnect Contact Name: _____ Phone No.: _____
 Email Address: _____

4. Will you be using the Orbital Payment Gateway?

Primary Contact: _____
 Address: _____ City: _____
 State: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Email: **(required)** _____

***Primary contact must be the merchant contact for security needs**

Primary 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: _____
(If Blank – default will be no auto settle time)
To meet 10 ET Host window, this should be set no later than 8pm to allow Gateway to settle.

Merchant Time Zone: _____
Note: The Auto-Settle time is based in the merchant time zone. (US time zones only)

VT Import Functionality?
 Yes No

Profile Management required? Yes No

Level of Access required: (select only one, default is Merchant level)

Chain level-every new division created will automatically be available OR **Merchant level**-only requested divisions are available.

Auth Recycling? Yes No # of Recycle Attempts: _____ # of Days between attempts: _____
 (Default is 3)

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

Section 11: Bank Account Information			
Check only one of the 7 options below	Settlement Currency in which we will fund to you	Deposit (Country where your Bank Acct Resides)	Complete all sections listed:
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

Section A: US Bank Account Information											
<i>(select only one method of transfer)</i>											
<input type="checkbox"/> ACH Transfer											(ABA #)
<input type="checkbox"/> Wire Transfer <i>(See Note)</i>											(Fedwire#/Routing #)
<input type="checkbox"/> BIC/Swift Transfer <i>(See Note)</i>											(BIC/Swift 8 to 11 bytes)
Please Note: 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: United States											
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings											

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

Section C: International Final Destination Bank

Account Where Your Funds are Deposited

C1	BIC/Swift Code: (8 to 11 bytes)													
C2	Sort Code: (Required in Great Britain Only)													
C3	IBAN/Bank Account # _____ <i>(IBAN required for all Banking located in European Union Countries)</i>													
	Company Name: <i>(As appears on Bank account)</i> _____													
	Financial Institution Name: _____													
	City: _____			State/Province: _____				Postal Code: _____			Country: _____			
	Special Wire Instructions: (60 bytes) _____													

Section D: Corresponding/Clearing Bank Account Information

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

D1	BIC/Swift Code: (8 to 11 bytes)													
D2	Sort Code: (Required in Great Britain Only)													
D3	Wire Transfer: (USA Only)													(Routing #)
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."

 Authorized Signature* Title Date

(*Must be signed by Authorised Signature/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

1. **Please be sure to include the information below for all employees who need to access Transaction History and/or Paymentech Online Report Center.**
2. Report delivery will be web based via Paymentech Online.
3. Access will be granted at the company level for Transaction History, and/or Reporting unless otherwise specified.
4. *Please note:* You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online and 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 No (Include Country Code): _____ Fax No: _____

Address: _____

City: _____ County: _____ Post Code: _____ Country: _____

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

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

Do you have a Paymentech Online User ID? Yes No If yes, please provide User ID: _____

Does this User require access to: Reporting Transaction History or Both

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

Name: _____ Title: _____

Phone No (Include Country Code): _____ Fax No: _____

Address: _____

City: _____ County: _____ Post Code: _____ Country: _____

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

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

Do you have a Paymentech Online User ID? Yes No If yes, please provide User ID: _____

Does this User require access to: Reporting Transaction History or Both

Section 13: Report Center and Transaction History Access Form

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.

Date: _____ **Signature:** _____

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