

**Merchant
User Guide**

Instructions for Completing the New Merchant Set-up Forms for Bill Me Later

September 18, 2008 | Version 2

CHASE ™
Paymentech

4 Northeastern Blvd.
Salem, NH 03079-1952
603.896.6000
www.chasepaymentech.com

Instructions for Completing the New Merchant Set-Up Forms for Bill Me Later



© Chase Paymentech Solutions, LLC – 2008 – All rights reserved

4 Northeastern Boulevard
Salem, New Hampshire 03079-1952
603-896-6000
www.ChasePaymentech.com

This document contains confidential and proprietary information of Chase Paymentech Solutions, LLC. No disclosure or duplication of any portion of these materials may be made without the express written consent of Chase Paymentech. These materials must be used solely for the operation of Chase Paymentech programs and for no other use.

Table of Contents

- Introduction..... 1**
- New Merchant Account Set-Up Form for Bill Me Later Processing 2**
 - General Information: 2
 - Section 1: Corporate Information 2
 - Section 2: Your Monthly Financial Reporting Cycle 2
 - Section 3: Company Contacts 3
 - Section 4: Business Unit 5
 - Section 4a: Transaction Division 5
 - Section 5: Chargeback Contact 7
 - Section 6: Processing Method 8
 - Section 7: US Bank Account Information 9
 - Section 7: Legal Authorization 10
 - Section 8: Report Center, Transaction History and Chargeback Management Access Form 11
- Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request..... 13**
 - General Information 13
 - Section 1: Company / Contact Information 13
 - Section 2: Chargeback Contact 14
 - Section 3: Business Unit 14
 - Section 3a: Transaction Division 15
 - Section 4: Processing Method 17
 - Section 5: US Bank Account Information 17
 - Section 5: Legal Authorization 18
 - Section 6: Report Center, Transaction History and Chargeback Management Access Form 19
 - Section 6a: Authorization 20

Introduction

New merchants are required to complete the New Merchant Paperwork prior to going live. This information is vital to a successful implementation. The following forms are required as part of this paperwork:

- New Merchant Account Set-Up Form for Bill Me Later Processing (US only)
- Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request (US Only)

This Guide will walk you through each of these forms. If you have additional questions, please feel free to contact Merchant Services at 603-896-8333 or your sales representative.

Note: *Any area NOT labeled as mandatory may still be required if your company will require it.*

For example: A Technical Contact is not required in all situations. Due to this, it cannot be listed as mandatory in this document.

Many companies however, are required to have a Technical Contact. If your company requires a Technical Contact, than this information must be completed in the space provided.

New Merchant Account Set-Up Form for Bill Me Later Processing

General Information: On the top of this form is the Fax information for returning the form to Chase Paymentech.

It is very helpful to include your Chase Paymentech Sales Contact's name and your projected Live Date.

Section 1: Corporate Information The information in Section 1 is mandatory and all areas must be completed. This information will give Chase Paymentech your legal company name and address as well as the nature of your business.

THIS SECTION IS MANDATORY

SECTION 1: CORPORATE INFORMATION					
Company Legal Name:	<input type="text"/>				
Company Tax ID#:	<input type="text"/>	Company URL:	http:// <input type="text"/>		
Doing Business As:	<input type="text"/>	Nature of Business:	<input type="text"/>		
Corporate Street Address:	<input type="text"/>				
City:	<input type="text"/>	State/Prov:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
	<input type="text"/>		<input type="text"/>	Country:	<input type="text"/>
Other Mailing Address (i.e. P.O. Box):	<input type="text"/>				
Phone #:	<input type="text"/>	Fax #:	<input type="text"/>		

Section 2: Your Monthly Financial Reporting Cycle Section 2 is for indicating if your financial reporting cycles on the Calendar Year or on the Fiscal Year. Indicate which by placing a check next to either Calendar or Fiscal. If a Fiscal Year is indicated, please enter all month ends and dates in the form.

THIS SECTION IS MANDATORY

SECTION 2: YOUR MONTHLY FINANCIAL REPORTING CYCLE						
<input checked="" type="checkbox"/> Calendar	<i>(Please proceed to Section 3)</i>					
<input type="checkbox"/> Fiscal	<i>(Please enter all month end dates below)</i>					
Year: <input type="text"/>						
Jan: <input type="text"/>	Feb: <input type="text"/>	Mar: <input type="text"/>	Apr: <input type="text"/>	May: <input type="text"/>	Jun: <input type="text"/>	
Jul: <input type="text"/>	Aug: <input type="text"/>	Sep: <input type="text"/>	Oct: <input type="text"/>	Nov: <input type="text"/>	Dec: <input type="text"/>	
Year: <input type="text"/>						
Jan: <input type="text"/>	Feb: <input type="text"/>	Mar: <input type="text"/>	Apr: <input type="text"/>	May: <input type="text"/>	Jun: <input type="text"/>	
Jul: <input type="text"/>	Aug: <input type="text"/>	Sep: <input type="text"/>	Oct: <input type="text"/>	Nov: <input type="text"/>	Dec: <input type="text"/>	

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 3: Company Contacts

The Company Contacts allow us to communicate with the appropriate people regarding changes in regulations, fee schedules, any contract, banking, reporting or technical issues. There are several types of contacts:

- Executive – This is the primary contact between Chase Paymentech and the merchant account. This is a mandatory contact contractual, banking and general business information. Access for your internal contacts to the Paymentech Online application will also go through this contact.

THIS SECTION IS MANDATORY

SECTION 3: COMPANY CONTACTS	
Executive Contact	
<i>(The primary person to whom we will communicate regarding the merchant account, including but not limited to, contractual and general business information. In addition, the Executive Contact is authorized to request and sign for all banking changes and access for their internal contacts to our Paymentech Online application.)</i>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Last Name: _____
Title: _____	Phone #: _____ Ext: _____
Fax #: _____	Alternate Fax #: _____
Email Address: _____	
Address: <input type="checkbox"/> Same as corporate address <input type="checkbox"/> Other: _____	
City: _____	State/Prov: _____ Zip/Postal Code: _____ Country: _____
Other Mailing Address (i.e. P.O. Box): _____	

- Finance – This is the person who can give Chase Paymentech financial information as well as able to sign for banking changes. Access for your internal contacts to the Paymentech Online application will also go through this contact.

THIS SECTION IS MANDATORY

Finance Contact	
<i>(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.)</i>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Last Name: _____
Title: _____	Phone #: _____ Ext: _____
Fax #: _____	Alternate Fax #: _____
Email Address: _____	
Address: <input type="checkbox"/> Same as corporate address <input type="checkbox"/> Other: _____	
City: _____	State/Prov: _____ Zip/Postal Code: _____ Country: _____
Other Mailing Address (i.e. P.O. Box): _____	

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 3: Company Contacts, continued

- Reserve Report – This contact is NOT a mandatory contact. This person would receive monthly reserve reports.

Reserve Report Contact <i>(If a reserve is applicable to this account, the person who will receive monthly reserve reports).</i>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Last Name: _____
Title: _____	Phone # _____ Ext: _____
Fax # _____	Alternate Fax # _____
Email Address: _____	
Address: <input type="checkbox"/> Same as corporate address <input type="checkbox"/> Other: _____	
City: _____	State/Prov: _____ Zip/Postal Code: _____ Country: _____
Other Mailing Address (i.e. P.O. Box): _____	

- Technical – This is the contact for all technical issues (this contact is not mandatory).

Technical Contact <i>(The person to contact with technical issues)</i>	
Location: (check one)	<input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment
If Submitter/Fulfillment, Name: _____	
Title: _____	Phone# _____ Ext: _____
Fax # _____	Alternate Fax: _____
Email Address: _____	
Address: <input type="checkbox"/> Same as corporate address <input type="checkbox"/> Other: _____	
City: _____	State/Prov: _____ Zip/Postal Code: _____ Country: _____
Other Mailing Address (i.e. P.O. Box): _____	

If the same person will be the contact for more than one of the above categories, please fill in each section on the form with their information.

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 4: This section must be filled in if the Business Unit name is different from the
Business Unit Division name.

SECTION 4: BUSINESS UNIT

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

Section 4a: This section is for the Transaction Division. If you have multiple Transaction
Transaction Divisions, please list them on separate pages.
Division

The "How do you market this product" selections should only be those that apply to the division listed for this particular form.

Please check off all ways your consumers will provide credit to you for the product referred to in this form. If they will be able to use the internet, be sure to indicate if there is an encryption method used, and if the site is secure.

Also, please indicate what the transaction ceiling limit is for these purchases.

THIS SECTION IS MANDATORY

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 5: Chargeback Contact

The Chargeback Contact is the person who will be receiving all documents from Chase Paymentech for any disputed transactions and will be responsible to send required documentation to Chase Paymentech so that we may fight on your behalf.

You will need to give the contact's name and contact information as well as indicate if this person will need access to Transaction History, the Report Center or both in order to track transactions.

THIS SECTION IS MANDATORY

SECTION 5: CHARGEBACK CONTACT: <i>(required) IQA (Manager/supervisor – one who assigns work to MCAs)</i> <i>(Required for retail) MROA (Manager/supervisor – one who assigns work to MRAs)</i>	
NOTE: This contact may receive any exception documents that may need to be mailed or faxed.	
Location: <input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment <i>(check one)</i>	If Submitter/Fulfillment, Name: _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Last Name: _____
Title: _____	Phone #: _____ Ext: _____
Fax #: _____	Alternate 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"/> ?	

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 6: Processing Method If you will be using any additional services for the division listed on this form, please note each in this section.

The contact for the Orbital Payment Gateway (#3) could be either the technical contact or the third party contact. You must have a contact listed here if you will be using the Orbital Payment Gateway.

SECTION 6: PROCESSING METHOD	
Who will be submitting transactions to Paymentech? <input type="checkbox"/> Merchant <input type="checkbox"/> Other Co. Name: _____ <i>(i.e. fulfillment co. or ECommerce provider)</i> PID#: _____ or SU#: _____	
<input type="checkbox"/> 1. Will you be submitting transactions from a computer system?	
What is the name of the manufacturer and model of your computer platform? _____	
What is the name of the manufacturer and model of your modem? _____	
<input type="checkbox"/> Internal <input type="checkbox"/> External	
Will you be coding to Paymentech's specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, name the software vendor and application you will be using to format your files: _____	
<input type="checkbox"/> 2. Will you be using CyberSource?* (BL & BP Mop Only)	
<input type="checkbox"/> 3. Will you be using the Orbital Payment Gateway? (BL Mop Only)	
Primary Contact: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip/Postal Code: _____ Country: _____
Email (required): _____	*Primary contact MUST be the merchant contact for Security needs.
Auto-settle Time: <input type="checkbox"/> AM or <input type="checkbox"/> PM	To meet 10pm ET Host window, this should be set no later than 8pm ET to allow Gateway to settle.
Merchant Time Zone: _____	Note: The Auto-settle time is based on the merchant time zone. (US time zones only)

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 7: US Bank Account Information The Bank Account Information section is for indicating the ACH Transfer or Wire Transfer information for depositing money to your account in a US bank. You will want to indicate how you wish funds to be deposited; either through ACH Transfer or Wire Transfer. Indicate any special instructions and the banking information.

THIS SECTION IS MANDATORY

SECTION 7: US BANK ACCOUNT INFORMATION	
<i>Note: If we will be transferring funds to multiple US bank accounts, please complete a separate form for each.</i>	
<input type="checkbox"/> ACH Transfer (required, even if wire is selected)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (ABA #)
<input type="checkbox"/> Wire Transfer (required even if ACH is selected)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Routing #)
Special Wire Instructions: <input type="text"/>	
<input type="text"/>	
Bank Account # <input type="text"/>	Company Name: (As appears on account) <input type="text"/>
Financial Institution Name: <input type="text"/>	
Street Address: <input type="text"/>	
City: <input type="text"/>	State/Prov: <input type="text"/> Zip/Postal Code: <input type="text"/> Country: <input type="text"/>
Phone # <input type="text"/>	Ext: <input type="text"/> Bank Contact: <input type="text"/>
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings	Bank Contact Email Address: <input type="text"/>

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 7: The authorization must be completed for all options chosen. Please be sure to print the Legal Merchant Name and your name legibly in the top two spaces prior to signing. Include a copy of the cancelled check to the bank that you listed on the form.

Legal Authorization

THIS SECTION IS MANDATORY

On behalf of _____, I, _____, verify that the above banking information is accurate and should be used to transfer funds accordingly.
(Merchant Legal Name) (Print Name)

Authorize Signature* Title Date
(*Must be signed by Executive or Financial Contact)

Note: To expedite this request, please attach an original voided check.

ATTACH VOIDED CHECK HERE

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

Section 8: Report Center, Transaction History and Chargeback Management Access Form

Section 8 is to indicate all employees who will need access to the Transaction History, Chargeback Management System (CBIS) and/or Report Center features of Paymentech Online. Report Center allows users to review the reports sent by Chase Paymentech. Transaction History allows users to look up transaction information by Merchant Account # and by BML Account #. CBIS allows users to review the company's chargebacks and respond in a timely fashion. This access will be granted at the Company level unless you specify otherwise.

Please remember that if you have an employee who should no longer have access to these areas, you must advise Chase Paymentech so that we can change or close access to your reports as quickly as possible.

If you have more than two users who will require access to Transaction History or the Report Center, please submit additional forms until you have all needed users accounted for.

THIS SECTION IS MANDATORY

SECTION 8: REPORT CENTER, TRANSACTION HISTORY and CHARGEBACK MANAGEMENT ACCESS FORM		
<p>1. Please be sure to include the information below for all employees who need to access Transaction History, Paymentech Online Report Center and/or Chargeback Management.</p> <p>2. Report delivery will be web based via Paymentech Online.</p> <p>3. Access will be granted at the company level for Transaction History and/or Chargeback Management unless otherwise specified.</p> <p>4. <i>Please note:</i> You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online and Chargeback Management 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 or Chargeback Management Users.</p>		
<p>Salutation: <i>Check one:</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.</p> <p>Name: _____ Title: _____</p> <p>Phone #: _____ Fax #: _____</p> <p>Address: _____</p> <p>City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____</p> <p>Email Address: (40 bytes) _____ <i>(username@domain.com)</i></p> <p>Do you have a Paymentech Online User ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide User ID: _____</p>		
<p>Does this User require access to: <input type="checkbox"/> Reporting <input type="checkbox"/> Transaction History <input type="checkbox"/> Chargeback Management (check roles below) or <input type="checkbox"/> ALL (if all, check appropriate CBIS roles below)</p>		
Chargeback Management Roles (CBIS)	<input type="checkbox"/> IQA (Manager/supervisor – one who assigns work to MCAs)	<input type="checkbox"/> MRQA (Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs). Required for Retail divisions
	<input type="checkbox"/> MCA (Merchant Analyst – one who works the chargebacks)	<input type="checkbox"/> MRA (Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests) Required for Retail divisions

Continued on next page

New Merchant Account Set-Up Form for Bill Me Later Processing, Continued

**Section 8a:
Report
Center,
Transaction
History and
Chargeback
Management
Access Form,
continued**

At the bottom of this section is an area to be signed. Please print your name and title above prior to signing. This MUST be signed by either the Executive or Financial Contact.

THIS SECTION IS MANDATORY

<p>SECTION 8a: REPORT CENTER, TRANSACTION HISTORY and CHARGEBACK MANAGEMENT ACCESS FORM, continued</p> <p>For additional Users, please submit additional forms.</p> <p>I, _____, _____ verify that the (Print Name) (Title)*</p> <p>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.</p> <p>Signature: _____</p> <p><i>*(must be signed by Executive or Financial Contact)</i></p>
--

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request

General Information

The top of this form is just for the date and your Company ID number. It is important to fill these two sections in.

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request (US Only)

Date:

Company ID#
Projected Live Date:

Section 1: Company / Contact Information

This is where all your company information is listed. Your legal company name, tax ID, the contact name who you'd want Chase Paymentech to refer to if questions arise, and that person's contact information.

Please check if the transactions for the new division will be processed by the company or by an additional company being added to the Parent Company. If it is an additional company, fill in the legal name, its ownership or affiliation to the Parent Company and then sign to verify that the information filled in is correct. A company that has subsidiary companies is a parent company.

THIS SECTION IS MANDATORY

SECTION 1: COMPANY/CONTACT INFORMATION	
Company Legal Name:	<input type="text"/>
Company Tax ID#:	<input type="text"/>
Contact Name:	<input type="text"/> Phone #: <input type="text"/>
Fax #:	<input type="text"/> Email Address: <input type="text"/>

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

**Section 2:
Chargeback
Contact**

The Chargeback Contact is the person who will receive any documents and/or communication regarding the division's chargebacks. If the division will process chargebacks with Chase Paymentech, this information must be completed.

Include the name of the individual or fulfillment group, contact information, and whether or not the contact will require access to the Transaction History and Report Center areas of Paymentech Online

THIS SECTION IS MANDATORY

SECTION 2: CHARGEBACK CONTACT: (required) IQA (Manager/supervisor – one who assigns work to MCAs) <i>(Required for retail) MRQA (Manager/supervisor – one who assigns work to MRAs)</i>	
NOTE: This contact may receive any exception documents that may need to be mailed or faxed.	
Location: <input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment <i>(check one)</i> If Submitter/Fulfillment, Name: _____	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. First Name: _____ Last Name: _____	
Title: _____ Phone #: _____ Ext: _____	
Fax #: _____ Alternate 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"/> ?	
CHARGEBACK CONTACT: (required) MCA (Merchant Chargeback Analyst – one who works the chargeback's) <i>(Required for retail) MRA ((Merchant Retrieval Analyst – one who works the retrievals)</i>	
<input type="checkbox"/> Same as above <i>(check here if the MCA/MRA Contact is the same as the IQA/MRQA contact)</i>	
Location: <input type="checkbox"/> Merchant <input type="checkbox"/> Submitter <input type="checkbox"/> Fulfillment <i>(check one)</i> If Submitter/Fulfillment, Name: _____	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. First Name: _____ Last Name: _____	
Title: _____ Phone #: _____ Ext: _____	
Fax #: _____ Alternate 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"/> ?	

**Section 3:
Business Unit**

If the Business Unit that you are adding will be different from the Division that you are adding, please indicate this information in Section 3.

SECTION 3: BUSINESS UNIT	
Business Unit Name (if different than division name): _____	(up to 30 bytes)

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

Section 3a: Transaction Division

This section is for the Transaction Division. If you have multiple Transaction Divisions, please list them on separate pages.

The “How do you market this product” selections should only be those that apply to the division listed for this particular form.

Please check off all ways your consumers will provide credit to you for the product referred to in this form. If they will be able to use the internet, be sure to indicate if there is an encryption method used, and if the site is secure.

Also, please indicate what the transaction ceiling limit is for these purchases.

THIS SECTION IS MANDATORY

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

SECTION 3a: TRANSACTION DIVISION

Division Name: _____ (up to 30 bytes) (This will appear on your Financial Reports)

Address _____

City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____

- The following field appears on the customer's statement and identifies the merchant name for the consumer and credit card organizations.

Cardholder Descriptor

_____ (22 bytes)

Customer Service Phone #. (Required) _____ (13 bytes)

URL: (Internet only) _____ (13 bytes)

City: (Required for Retail) _____ (13 bytes)

State/Province: _____ (2 bytes) Zip Code (US): _____ (5 bytes)

Product Description (Enter product description, i.e. clothing, books) _____

Publication Descriptor (Please provide **only** if required by your submitter): _____

Avg. Trans. \$ Amt: _____ Avg. # Trans./Yr. _____ Projected Refund % _____

How do you market this product? (Check only those that apply to this division)

Catalog Direct Mail Internet Space Ad Television Outbound Telemarketing

Other: _____

How will consumers provide credit card information to you when they order this product? (Select Only One)

Retail Mail/Phone Internet Please provide your URL: http://_____

If Internet, please advise:

Select Only One: SSL SET No encryption method

Will the consumer be able to place their order and provide their credit card info (or electronic check info) through this website? Yes No

Is the web site secure, i.e., will the information that the consumer provides, such as their name and credit card number be encrypted so that it can't be read or intercepted by other people? Yes No

Transaction Ceiling Limit: \$_____ (Default \$25,000 U.S. dollars or established international currency equivalent per transaction)

(Approval will be required for any temporary or permanent increases to this ceiling limit).

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

Section 4: Processing Method Section 4 is where you are able to describe your processing method. Please indicate who will be submitting your transactions to Chase Paymentech.

This contact could be either the technical contact or the third party contact.

THIS SECTION IS MANDATORY

SECTION 4: PROCESSING METHOD	
Who will be submitting transactions to Paymentech? <input type="checkbox"/> Merchant <input type="checkbox"/> Other Co. Name: _____ <i>(i.e. fulfillment co. or ECommerce provider)</i> If known, provide Presenter Id# (PID): _____ or Submitter# (SU) _____	
<input type="checkbox"/> 1. Will you be submitting transactions from a computer system?	
What is the name of the manufacturer and model of your computer platform? _____	
What is the name of the manufacturer and model of your modem? _____	
<input type="checkbox"/> Internal <input type="checkbox"/> External	
Will you be coding to Paymentech's specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, name the software vendor and application you will be using to format your files. _____	
<input type="checkbox"/> 2. Will you be using CyberSource?* (BL & BP Mop Only)	
<input type="checkbox"/> 3. Will you be using the Orbital Payment Gateway? (BL Mop Only)	
Primary Contact: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip/Postal Code: _____ Country: _____
Email (required): _____	*Primary contact MUST be the merchant contact for security needs.
Auto-Settle Time: _____ <input type="checkbox"/> AM or <input type="checkbox"/> PM	To meet 10 pm ET Host window, this should be set no later than 8 pm ET to allow Gateway to settle.
Merchant Time Zone: _____	Note: The Auto-settle time is based on the merchant time zone. (US time zones only)

Section 5: US Bank Account Information Section 5 is to indicate the Banking information on a US bank. You will want to indicate how you wish funds to be deposited; either through ACH Transfer or Wire Transfer. Indicate any special instructions and the banking information.

THIS SECTION IS MANDATORY

SECTION 5: US BANK ACCOUNT INFORMATION	
<i>Note: If we will be transferring funds to multiple US bank accounts, please complete a separate form for each.</i>	
<input type="checkbox"/> ACH Transfer (required, even if wire is selected)	_____ (ABA #)
<input type="checkbox"/> Wire Transfer (required even if ACH is selected)	_____ (Routing #)
Special Wire Instructions: _____	
Bank Account # _____ Company Name: (As appears on account) _____	
Financial Institution Name: _____	
Street Address: _____	
City: _____	State/Prov: _____ Zip/Postal Code: _____ Country: _____
Phone # _____	Ext: _____ Bank Contact: _____
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings	Bank Contact Email Address: _____

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

Section 5: The authorization must be completed for all options chosen. Please be sure to print the Merchant Legal Name, and your name legibly in the top two spaces prior to signing. Include a copy of the cancelled check to the bank that you listed on the form.

Legal Authorization

THIS SECTION IS MANDATORY

On behalf of _____ I, _____, verify that the above banking information is accurate and should be used to transfer funds accordingly.

(Merchant Legal Name) (Print Name)

Authorize Signature* Title Date
(*Must be signed by Executive or Financial Contact)

Note: To expedite this request, please attach an original voided check.

ATTACH VOIDED CHECK HERE

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

**Section 6:
Report
Center,
Transaction
History and
Chargeback
Management
Access Form**

Section 6 of the form is to indicate all employees who will need access to the Transaction History, Chargeback Management System (CBIS) and/or Report Center features of Paymentech Online. Report Center allows users to review the reports sent by Chase Paymentech. Transaction History allows users to look up transaction information by Merchant Account # and by BML Account #. CBIS allows users to review the company's chargebacks and respond in a timely fashion. This access will be granted at the Company level unless you specify otherwise.

Please remember that if you have an employee who should no longer have access to these areas, you must advise Chase Paymentech so that we can change or close access to your reports as quickly as possible.

THIS SECTION IS MANDATORY

SECTION 6: REPORT CENTER, TRANSACTION HISTORY and CHARGEBACK MANAGEMENT ACCESS FORM		
<p>1. Please be sure to include the information below for all employees who need to access Transaction History, Paymentech Online Report Center and/or Chargeback Management.</p> <p>2. Report delivery will be web based via Paymentech Online.</p> <p>3. Access will be granted at the company level for Transaction History and/or Chargeback Management unless otherwise specified.</p> <p>4. <i>Please note:</i> You, the merchant, are responsible for advising Chase Paymentech of changes in Paymentech Online and Chargeback Management 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 or Chargeback Management Users.</p>		
<p><i>Please be sure to complete all fields below.</i></p> <p>Salutation: <i>Check one:</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.</p> <p>Name: _____ Title: _____</p> <p>Phone #: _____ Fax #: _____</p> <p>Address: _____</p> <p>City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____</p> <p>Email Address: (40 bytes) _____ <small>(username@domain.com)</small></p> <p>Do you have a Paymentech Online User ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide User ID: _____</p>		
<p>Does this User require access to: <input type="checkbox"/> Reporting <input type="checkbox"/> Transaction History <input type="checkbox"/> Chargeback Management (check roles below) or <input type="checkbox"/> ALL (if all, check appropriate CBIS roles below)</p>		
Chargeback Management Roles (CBIS)	<input type="checkbox"/> IQA (Manager/supervisor – one who assigns work to MCAs)	<input type="checkbox"/> MRQA (Retail Retrieval Requests Manager/supervisor – one who assigns work to MRAs). Required for Retail divisions
	<input type="checkbox"/> MCA (Merchant Analyst – one who works the chargeback's)	<input type="checkbox"/> MRA (Retail Retrieval Requests Merchant Analyst – one who works the retrieval requests) Required for Retail divisions

Continued on next page

Addendum for Application for Bill Me Later Processing Service Agreement/New Division Request, Continued

Section 6a: Authorization Section 6a reminds you to submit additional forms for additional users.

It is Mandatory that the Executive or Financial Contact sign to authorize this form.

THIS SECTION IS MANDATORY

SECTION 6a: REPORT CENTER, TRANSACTION HISTORY and CHARGEBACK MANAGEMENT ACCESS FORM, continued
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)
