



Merchant Application

Phone/Fax: 877.711.9089

merchants@card-smith.com

Business/Store Information

Legal Name (As shown on income tax return): _____

DBA (Doing Business As/Store Name): _____

Store ID #: _____ Store Manager: _____

Physical Street Address 1: _____

Physical Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Fax #: _____

Business Hours: _____ Business E-Mail: _____

Corporate/Owner Information

Business/Store Web Site: _____

Average Sales/Ticket Amount: _____ Alcohol Sales: Yes _____ No _____

Corporate Name: _____ Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Fax #: _____

Email Address: _____

Payment Processing Account Information

Account Name: _____

Checking Account Address (Address on Check): _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

← **Please Staple Your Voided Check Here**

Note: In lieu of a voided check please request your bank fax a letter to CardSmith at (877) 711-9089.

Sample letter:

Per the request of <Insert School Contact Name>, <Insert Bank Name> confirms the account number which will be used for the student debit card program is <Insert Account Number>. <Insert Bank Name's> routing number is <Insert Routing Number>.

Please Read & Initial: Merchant agrees to keep sufficient funds in the Designated Account to enable monthly automated fee collection (if applicable). Merchant authorizes CardSmith in accordance with the Agreement to initiate both debit and credit transfers to its Designated Account. Merchant is responsible for any bank charges resulting from ACH transactions rejected or returned for any reason and agrees to pay CardSmith a fee of \$25 per incident. (Please Initial Here) _____

* Initials required for application approval

Required for Payment Processing

Incorporation & Tax Information

Please fill out and return attached W9 form with your application

State of Incorporation: _____ Federal Tax ID#: _____

Daily Operations Information

Daily Ops Contact Name: _____

Preferred Method of Contact: ___ Phone ___ Fax ___ Email (Please Specify Below if Different from Above)

Statement & Financial Contact Information

Monthly Statements will be sent in a pdf via email. Please provide up to 3 email addresses.

Email Address #1: _____ Name: _____

Email Address #2: _____ Name: _____

Email Address #3: _____ Name: _____

If you prefer paper statements, please specify mailing address:

Store Address (pg.1) Corp. Address (pg. 1)

Please select the financial contact: ___ Daily Ops (pg. 1) ___ Store Manager (pg. 1) ___ Owner (pg. 1) ___ Other (Please Specify and Complete Info Below) _____

Business Phone #: _____ Fax #: _____

Contact's Email Address: _____

Name and Title of Person Signing Application

Full Name (Last, First, MI): _____ Email Address: _____

Title: _____ Date: _____

Business Profile

Section 1: What category best fits your business?

- ___ Art Supply/ Music/ Specialty Store
- ___ Beauty/ Hair Care/ Tanning
- ___ Bookstore/ School Supply
- ___ Copy/ Mail/ Print Services
- ___ Doctor/ Dentist
- ___ Fast Food
- ___ Gas Station
- ___ Grocery/ Convenience Store
- ___ Gym/ Fitness/ Health Center
- ___ Hardware/ Repair Shops
- ___ Laundry
- ___ Movie/ Theater
- ___ Other Retail
- ___ Pharmacy/ Card & Gift Store
- ___ Restaurant

Section 2: If you are a restaurant, please select appropriate type(s) from the following:

- ___ Bakery/Bagels
- ___ Coffee
- ___ Deli
- ___ Delivery
- ___ Dine In
- ___ Ice Cream
- ___ Pizza
- ___ Quick Serve
- ___ Take Out
- ___ Other

Terminal Settings

Please select one of the following times to autoseettle your terminal: 3 am 4 am

Please Note: Failure to manually tip adjust before settlement will result in lost tip funds **(Please initial)** _____

If using a dial/phone line, complete the section below:

Phone Jack for Use with Terminal: Yes; In Place _____ No; To Be Installed _____ Date Available for Installation: _____

Dial Prefix: Yes____ No____ If Yes, what is it? _____

Phone Line: ___Dedicated Telephone Line ___Shared with Fax/Other Terminal ___Shared with Phone Line

Tip Acceptance: Y___ N___ If Yes: Suppress tip prompt at sale? Y___ N___ Per-cashier reporting? Y___ N___

Terminal Lease or Purchase: ___Lease ___Purchase ___Already Own

If using an Ethernet/IP connection, complete the section below:

Ethernet Jack for Use with Terminal: Yes; In Place _____ No; To Be Installed _____ Date Available for Installation: _____

Tip Acceptance: Y___ N___ If Yes: Suppress tip prompt at sale? Y___ N___ Per-cashier reporting? Y___ N___

Terminal Lease or Purchase: ___Lease ___Purchase ___Already Own

Terminals are shipped with DHCP capabilities. If your device needs a static ip address, please complete the section below:

IP Address: _____

Gateway: _____

Netmask: _____

DNS 1: _____

DNS 2: _____ (If applicable)

IT Contact Name: _____ **Email:** _____

Marketing/Promotional Opportunities

To receive information regarding promotional opportunities AT NO CHARGE to your business, please check here

Please provide contact information for all marketing initiatives within your company:

Name: _____ Title: _____

Phone: _____ Email: _____

Please note that you can also submit promotions through our website

Logo/Graphic Submissions

To include your logo in card program marketing materials, please submit the following:

- Logo in vector eps or native illustrator or freehand files (MAC or PC), OR
- Art in tif, jpg, eps, pdf, or psd files with resolution of at least 300 dpi at 2

To receive Welcomed Signage graphic files for inclusion in your marketing initiatives, please check here

Submitting Your Application

Upon completion, please fax, email, or mail this application to:

Fax #: 877.711.9089; *Email:* merchants@card-smith.com

CardSmith

ATTN: Merchant Care

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