

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate.

Submitted By	MSP Short Name: NTC	E-Mail Address:	MSP Phone #:	Date:
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Merchant Information	MID:	DBA Name:	Notes / Special Instructions:
	Ship To: DBA (current address on file) or provide a Contact name & address below		
	Contact Name:		
	Address 1:		
	Address 2:		
City:	State/Province:	Zip:	Country:

Other	Processing Method (Current): EDC ARU	Network: NOVA Other: _____
	Processing Method Change: Current Method: Paper EDC ARU Change to: EDC ARU	Network Change: Current Network: _____ Change Network to: _____
	Card Type Change: Add Remove	Card Type:

Point of Sale (Equipment or Software)	RUSH NDA –Next Business Day (\$40 Fee applies)		RUSH NDA -Saturday (\$75 Fee applies)						
	Qty	Equipment/ Product Description	Item Code	Setup Fee	Monthly Fee	Per Auth	Purchase	Price	Total Amt Due (Purchase Only)
	1			\$	\$	\$		\$	\$
				\$	\$	\$		\$	\$
				\$	\$	\$		\$	\$
				\$	\$	\$		\$	\$
	MSP Compensation:								
	Indicate Services required for this equipment:		VISA/MC	American Express	Discover	Diners	JCB	ECS	
			EBT	Amex Rvrs. PIP/Split Dial	Electronic Gift Cards	Pin Based Debit	SCAN	NOVA Fleet	
	Environment:								
	Retail (Host Auto Close Default)		Quick Close	Terminal Auto Close	___ Time Zone		Tip Function Waiter	Tip Function Cashier	Invoice Prompt B to B (prompt all)
			Store and Forward	Quick Pay (QPS) No Signature	Contactless (with QPS No Signature)				
	Restaurant (Quick Close Default)		Server Prompt	Tip Function Waiter	Tip Function Cashier	Fine Dining			
	Card Not Present (Host Auto Close Default)		Quick Close	Terminal Auto Close	___ Time Zone		B to B (prompt all)		
	Lodging (Quick Close Default)		Quick Stay						
Additional Prompts: (added during training)		Tab Function	Cash Back Pin Debit (Retail Only)						
Multi MID Request:		Multi-MID: Existing MID: _____ or DBA _____							
Phone Information:		Access #:	Dedicated Line	Shared Line with Fax					
Training Requirements: (No Training Default)		No Training	No Training (FIS)	Training Only	Download Only	Download and Training			
		Contact Name:			Contact Phone #:				

Pricing Information (For Processing Method or Card Type changes only)	TIERED		Rate	Per Item		Rate		Per Item
	Qualified	___ %	\$			INT Differential (Bank Defined)		
	Rewards-Qual	___ %	\$			VISA – Mark Up	___ %	\$
	Mid-Qual	___ %	\$			MasterCard – Mark Up	___ %	\$
	Non-Qual	___ %	\$			Discover – Mark Up	___ %	\$
	Optional Tier: Debit	___ %	\$			Monetary Pricing Program	103	
	Optional Commercial Card Tier	___ %	\$			INT Differential Surcharge	___ %	\$
						IDS Pricing Program:		

Other Card Types Existing	SE #	Auth Fee	Other Card Types New / Working Capital	American Express ESA:	
	Amex	(10 digits) \$		Amex Annual Volume: \$	Amex Average Ticket: \$
	Discover*	\$		Amex Rate	Auth Fee: \$
	Check Service:	N/A		or	
	Service Name: _____			Amex Flat Fee Option:	\$ 5.95
	SE# _____			Discover EASI (foreign networks only):	
	Phone # _____			Membership Fee: \$	
	WEX	Unit ID: \$		Discover Rate: ___ % \$	Auth Fee: \$
EBT	\$	Working Capital:			
Diners Club	(10 digits) \$	Working Capital	Vendor: _____		

Debit	Debit
	Regional Debit - Per Authorization \$ _____ National Debit – Per Authorization \$ _____

Reporting	MCP * # Users _____ Monthly Fee \$ _____ Set Up Type (check one) MID CHN ENT Set Up Fee \$ _____
	* Primary User's Email address: _____ (required for MCP)
	ACS Set Up Fee \$ _____ Monthly Fee \$ _____

Signature	By signing below, Merchant warrants the truthfulness and accuracy of the information provided, agrees to pay the fees set forth herein.	
	_____	_____
	Signature	Name & Title
		Date