



BUSINESS INFORMATION

Business Name	<input type="text"/>	<input type="text"/>
	DBA or Trade name on your signage	Corporate Legal Business Name
Business Location Address	<input type="text"/>	Years in Business <input type="text"/>
	Street Name / City / State / Zip	
Business Type	<input type="text"/>	<input type="text"/>
	Retail/Restaurant/Service/Gov't/Lodging/Supermarket/Petroleum/Healthcare/Education/Othe	Individual/Sole-Prop/S-Corp/C-Corp/Non-Profit/LLC/LLP/Partnership/Gov't/Other
Business Phone/Email	<input type="text"/>	<input type="text"/>
	+ Business Phone	Business Email
Business Website	<input type="text"/>	Average Ticket & Volume <input type="text"/>
	Leave blank if none	
Federal Tax ID	<input type="text"/>	<input type="text"/>
	If Sole Prop you may use your SS #	Estimated Average Credit/Debit Card Ticket
Business Mailing Address	<input type="text"/>	<input type="text"/>
	If different from location address - otherwise leave blank	Estimated Annual VS/MC/AMEX/DISC Volume

OWNER INFORMATION

Owner/Officer/ Partner Name	<input type="text"/>	
Owner/Officer/ Phone/Email	<input type="text"/>	<input type="text"/>
	+ Personal Phone	Personal Email
Date of Birth	<input type="text"/>	Owner/Officer/Partner Home Address <input type="text"/>
	Month/Date/Year	
Soc Sec #	<input type="text"/>	<input type="text"/>
		Street Name / City / State / Zip
Notes	<input type="text"/>	

PLEASE PROVIDE A COPY OF DRIVERS LICENSE, BUSINESS LICENSE, VOIDED CHECK OR BANK LETTER, PROCESSING STATEMENTS AND BANK STATEMENTS



Equipment Purchase Agreement

I, the undersigned, agree and understand that I will be billed via electronic ACH for this purchase. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Merchant DBA

Address

Phone

Terminal Type

Quantity Price (each)

Total (excluding sales tax)

All accounts will be charged \$ monthly fee per terminal

Signature of Authorized Signor

Date

Printed Name of Authorized Signor

Sim Cards for Wireless Terminals

Activation Fee: \$15.00

Monthly Fees based on Data Allowance

Choose Plan - Dejavoo:

1 MB \$7.50

10 MB \$16.50

100 MB \$29.95

1 GB \$44.95

Choose Plan - Valor:

50 MB \$10.00

I, the undersigned, agree and understand that I will be billed via ACH, monthly, for these fees. I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Signature of Authorized Signor

Date

Printed Name of Authorized Signor



420 Boulevard Suite 206 Mountain Lakes, NJ 07046

PCB Download Sheet

DBA Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Agent Name: _____

PCB Internal Use

TSYS

FISERV (FD)

Other _____

Terminal Type: P1 QTY ____ P3 QTY ____ P5 QTY ____ P8 QTY ____
 QD1 QTY ____ QD2 QTY ____ QD4 QTY ____ QD5 QTY ____
 PAX A35 QTY ____ OTHER _____ QTY ____

GATEWAY: NMI SwipeSimple FluidPay iPOSpays ValorPay MxMerchant

POS Type: HotSauce POS Dejapaypro POS MX POS (Purchase)
 Union POS Tabit POS MX POS (Free Placement)

SVC Fee % _____ (For Dual Pricing)

File Build Type: Retail Retail w/Tip Restaurant

Auto Close (time if required) _____ AVS CVV2 EBT

IP WiFi Mobile Data (Sim Card)

Ship to: Merchant Agent

Additional Notes:

PCBancard

Free Equipment Program



Dejavoo P1



Dejavoo P8

NOTICE!

Due to shortages in the industry, PCB reserves the right to replace the equipment with another at time of shipment

BE IT KNOWN that for good consideration the undersigned parties make the following additions or changes a part of said contracts as if contained therein:

NOW THEREFORE, PCBancard (PCB) and the Party (Merchant) agree as follows:

1. Merchant agrees that the Equipment is the property of PCB, is being licensed to Merchant, and must be returned in good and working condition within ten (10) days of the expiration of the Merchant Processing Agreement with PCB which is three (3) years from initial date of Contract unless Merchant continues to process with PCB after expiration date of Contract, thereafter terminal must be returned in good and working condition within ten (10) days of cancellation. If equipment is not returned within ten (10) days Merchant agrees to pay the equipment value of (\$895.00) for each terminal **under this agreement.**

2. ***Terminal Protection Warranty:** PCB will extend the original manufacturer's warranty under the same terms and conditions of the original manufacturer's warranty for as long as Merchant continues to process with PCB.

DBA Name of Merchant _____

- P1: All merchants will be charged a \$14.95 Monthly Warranty for the P1 Terminal, and \$10.00 per month Basic Portal Access Fee.*
- P8: All merchants will be charged a \$19.95 Monthly Warranty for the P8 Terminal, and \$10.00 per month Basic Portal Access Fee.*



Merchant hereby authorizes PCBancard to ACH their bank account for **\$24.95 for the P1** or **\$29.95 for the P8** to cover the cost of the monthly warranty and portal access fee.

For Internal Use Only

Terminal Model: _____

Serial #: _____

Date Shipped: _____

Except as herein otherwise expressly provided, the Merchant Agreement, as heretofore amended, shall remain in full force and effect.

INDIVIDUAL GUARANTY (NO TITLES) I/We hereby guarantee to PCB, their successors and assigns, the full, prompt and complete performance of Merchant and all Merchant's obligations under this Agreement, including, but not limited to all monetary obligations arising out of Merchant's performance or nonperformance under this Agreement, whether arising before or after termination of this Agreement. The undersigned, by signing below, agrees to be bound by the Agreement and this Guaranty.

Personal Guarantor Signature Date

Print Name

Owner/Officer Signature Date

Account Executive Signature Rep ID#

PCBancard
420 Boulevard, Suite 206
Mountain Lakes, NJ 07046
Phone: (973) 324-2251
Fax: (973) 201-1036



PCI COMPLIANCE MERCHANT AGREEMENT

PCBancard is offering to assist the Merchant in completing the PCI compliance questionnaire, as we know it can be confusing and tedious under the following conditions:

1. ****Hold Harmless Agreement****: The Merchant agrees to hold PCBancard harmless from any liability, loss, or damage of any kind arising from the assistance provided.
2. ****Indemnification****: The Merchant will indemnify PCBancard against any losses or claims related to the support given in obtaining PCI compliance.
3. ****Merchant's Responsibility****: It is acknowledged that the responsibility for achieving PCI compliance lies solely with the Merchant. PCBancard will assist.
4. ****Nature of Assistance****: PCBancard's assistance is intended to help the merchant facilitate compliance but does not constitute a guarantee of accuracy or completeness regarding the Merchant's specific circumstances. PCBancard makes no representation or warranty that the services provided are adequate to ensure compliance, as there are factors beyond their knowledge or control that may affect the Merchant's business. PCBancard's assistance is at no cost to any merchant PCBancard will assist in good faith.

Business Name

Owner Signature

Date

Owner Name (Printed)



Dual Pricing Charity Program

Business Name: _____

Business Owner Name: _____

Business Owner Signature: _____

Charity of Choice

Charity Name: _____

Charity Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Website: _____

Would you like signage for your business to let your customers know a portion of the fees associated with your credit card processing goes to the above listed charity?

Yes / No