



## BUSINESS INFORMATION

<b>Business Name</b>	<input type="text"/>	<input type="text"/>
	DBA or Trade name on your signage	Corporate Legal Business Name
<b>Business Location Address</b>	<input type="text"/>	<b>Years in Business</b>
	Street Name / City / State / Zip	<input type="text"/>
<b>Business Type</b>	<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
<b>Business Phone/Email</b>	<input type="text"/>	<input type="text"/>
	Business Phone	Business Email
<b>Business Website</b>	<input type="text"/>	<b>Average Ticket &amp; Volume</b>
	Leave blank if none	<input type="text"/>
<b>Federal Tax ID</b>	<input type="text"/>	<input type="text"/>
	If Sole Prop you may use your SS #	Estimated Average Credit/Debit Card Ticket
<b>Business Mailing Address</b>	<input type="text"/>	<input type="text"/>
	If different from location address - otherwise leave blank	Estimated Annual VS/MC/AMEX/DISC Volume

## OWNER INFORMATION

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

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



## Free Equipment Program



# 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
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/month Basic Portal Access Fee.*



*P3 or P8: All merchants will be charged a \$19.95 Monthly Warranty for the P3/P8 Terminal, and \$10/month Basic Portal Access Fee.*



*P12: All merchants will be charged a \$9.95 Monthly Warranty for the P1 Terminal, and \$10/month Basic Portal Access Fee.*



*iPOSGo! All merchants will be charged a \$10 Monthly Warranty Fee for Apple or Android mobile phone.*



*Valor VP800: All merchants will be charged a \$29.99 Monthly Warranty and \$5/month Software Fee.*



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#



### 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 \_\_\_\_  
 P12 QTY \_\_\_\_  IPOS GO! \_\_\_\_  QD1 QTY \_\_\_\_  QD2 QTY \_\_\_\_  
 QD 4 QTY \_\_\_\_  QD5 QTY \_\_\_\_  PAX A35 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**  
420 Boulevard, Suite 206  
Mountain Lakes, NJ 07046  
Phone: (973) 324-2251  
Fax: (973) 201-1036



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## 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.

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Business Name

Owner Signature

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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