

**MySchoolFees Application Coversheet**  
**Fax This Sheet and Application to**  
**TES-Software – 888-846-5399**

School Name \_\_\_\_\_

District Name \_\_\_\_\_

New location  Additional location Existing Account Merchant ID \_\_\_\_\_

**CHECKLIST**

Application Page 1 Completed  
**Merchant Information:** Use SCHOOL Information  
**Corporate Information:** Use DISTRICT Information  
**Owner/Partner/Officer:** School Principal Use Home Address, Home Phone, Last 4 digits of SSN

Application page 1 – 5: Principal Initial Each Page

Application Page 5  
**Business Type:** Check Government  
**Substitute Form W-9: Must be Complete:** Must be completed. Tax ID: use District  
**Merchant Representations and Certifications:** Signed by Principal  
**Personal Guaranty:** Not Required

**Voided Check,** Bank Letter or Starter Check where funds are to be deposited and fees are debited from.

**Proof of Existence** (Send ONE)  
1- Merchant Statements (3 months if you are currently processing credit Cards)  
2- OR Tax Exempt Certificate  
3- OR Regional Accreditation Certificate

**End of Year Financial Statement:** (prior year)  
1- Balance Sheet  
2- Activity Summary (if using Activities)

**Estimate** the TOTAL credit card sales you expect to process during REGISTRATION. \$ \_\_\_\_\_

**Estimate** the AVERAGE credit card sales EACH MONTH (excluding REGISTRATION) \$ \_\_\_\_\_

AMEX YES NO (circle one) or Existing AMEX Account#: \_\_\_\_\_

How many stations will you use during Remote Registration? \_\_\_\_\_

Secretary E-Mail Address \_\_\_\_\_

Secretary Name \_\_\_\_\_ Phone \_\_\_\_\_

Technical E-Mail Address \_\_\_\_\_

Technical Contact \_\_\_\_\_ Phone \_\_\_\_\_

External IP address used by this School \_\_\_\_\_  
(This IP will be authorized to read and write to MySchoolFees Database)

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_ AWB # \_\_\_\_\_

<input type="checkbox"/> New Location	<input type="checkbox"/> Additional Location	Existing MID: _____	Chain #: _____	Short Name _____	Location _____ of _____
---------------------------------------	--	---------------------	----------------	------------------	-------------------------

### Merchant Application

<b>Merchant Information</b>	DBA Name: _____			DBA Phone #: _____		Ext. _____
	Contact Name: _____			DBA Fax #: _____		
	Cell Phone #: _____			Customer Service Phone #: _____		
	DBA Address: _____			Email Address: _____		
	City: _____		State: _____	Zip Code: _____	Federal Tax ID: _____	
	Previous Processor: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Previous Processor: _____		Year Established: _____	Length of Current Ownership: _____ years, _____ months

<b>Corporate Information</b>	Legal/Corporate Name: _____			Legal/Corporate Phone #: _____		Ext. _____
	Legal/Corporate Contact Name: _____			Legal/Corporate Fax #: _____		
	Legal/Corporate Address: _____					
	City: _____		State: _____	Zip Code: _____		

<b>Shipping Info</b>	Shipping DBA Name: _____ (Necessary only if different than DBA)		Shipping Phone #: _____		Ext. _____	
	Shipping Contact Name: _____		Shipping Fax #: _____			
	Shipping Address (No PO Box): _____					
	City: _____		State: _____	Zip: _____		

<b>Principal Information 1 (Owner/Partner/Officer)</b>	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	
	Previous Address if current address is less than 2 years: _____					
	Home Address: _____					
	City: _____		State: _____	Zip Code: _____		

<b>Principal Information 2 (Owner/Partner/Officer)</b>	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name: _____		MI: _____	DOB: _____	SSN: _____	
	Last Name: _____			Home Phone #: _____		
	Home Address: _____			Cell Phone #: _____		
	City: _____		State: _____	Zip Code: _____	Email Address: _____	
	Previous Address if current address is less than 2 years: _____					
	Home Address: _____					
	City: _____		State: _____	Zip Code: _____		

<b>Other Merchant Information</b>	Average Sale Amount: \$ _____		Description of product or services offered: _____			
	Total Monthly VISA®/MC/Discover Network® Sales: \$ _____			MCC: _____		
	Card Present (swiped) _____ %	<b>For Card Present Transactions</b> , when does the customer receive the product or service?				
	Card Present ( not swiped) _____ %	<input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)				
	Mail Order _____ %	<b>For Card Not Present Transactions</b> , when does the customer receive the product or service?				
	Telephone Order _____ %	<input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, # of Days (include shipping time frame)				
	Internet _____ %	<b>For Internet Transactions</b> : List the product web site: _____				
<b>Total =</b> _____ <b>100%</b>		Contact Us Email Address: _____				
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> ( <b>Merchant must notify to close and reopen</b> ):						
<input type="checkbox"/> January		<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July		<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

<b>Bank Account</b>	<b>(Checking Accounts only)</b>					
	Deposit Bank Name: _____		ABA/Routing #: _____		DDA Account #: _____	Tape ID _____
Billing Bank Name (if different): _____		ABA/Routing #: _____		DDA Account #: _____	Tape ID _____	

## Merchant Application

<b>Card Accept</b>	<b>Please check each card you wish to accept.</b> <i>Note: acceptance of card types not selected will result in discount downgrades.</i> <input checked="" type="checkbox"/> All VISA®/MasterCard/Discover Cards (JCB, Diners, CUP) <input type="checkbox"/> VISA® Credit <input type="checkbox"/> MasterCard Credit <input type="checkbox"/> Discover(JCB, Diners, CUP) <input type="checkbox"/> VISA® Debit <input type="checkbox"/> MasterCard Debit	<b>Pricing Category</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Lodging	<input type="checkbox"/> ARU
	<input type="checkbox"/> Restaurant		<input type="checkbox"/> Supermarket	<input type="checkbox"/> Auto Rental	
			<input type="checkbox"/> MOTO	<input type="checkbox"/> Pay at Pump	<input checked="" type="checkbox"/> Internet

Rates are for all card acceptance types selected above.				Fees	Fee Type	Amt. \$	Per Authorization \$	
VISA®	MasterCard	Discover						
Rate% + Per Item	Rate% + Per Item	Rate% + Per Item		Application Fee	99	VISA®	0.30	
<b>Qualified</b>	2.28 %+\$	2.28 %+\$	2.28 %+\$	Installation/Training		MasterCard	0.30	
<b>Rewards Qual</b>	n/a %+\$	n/a	n/a	Wireless Set-Up Fee		Discover	0.30	
<b>Mid-Qual</b>	n/a %+\$	n/a	n/a	Account Maintenance	20	AMEX		
<b>Non-Qual</b>	3.44 %+\$0.04	3.44 %+\$0.04	3.44 %+\$0.04	Chargeback Fee (per occur.)	15	WEX		
<b>Other Tier</b>	<input checked="" type="checkbox"/> Debit <input type="checkbox"/> Supermarket <input type="checkbox"/> Quick Pay/Small Ticket 2.02 %+\$0.10      2.02 %+\$0.10      2.02 %+\$0.10			Return Item Fee/NSF (per occur)	20	Voice Auth Touch Tone	0.65	
<b>Opt Comm Card Tier</b>	%+\$	%+\$	%+\$	Annual Fee Start Date		Voice - Operator Assisted	0.95	
<b>IC DIFF</b>	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Monthly Service Fee	20	Voice - With AVS	2.20	
<b>Qualified</b>	%+\$	%+\$	%+\$	Minimum Discount (per mo)		Voice - Bank Referral	4.00	
<b>INT PLUS</b>	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Other		<input checked="" type="checkbox"/> Electronic Statement		
<b>Markup</b>	%+\$	%+\$	%+\$	Other		<input type="checkbox"/> Paper Statement		
				Other		Monthly Association Compliance Fee	0	
				Other		Other fees may apply, see Merchant Application.		
				Other				

<b>Debit Networks</b>	Debit Pricing: <input type="checkbox"/> Pass through (Interchange + Markup - ICDIF) <input type="checkbox"/> Pass through (Interchange + Markup - ICPLS) <input type="checkbox"/> Surcharge (Flat rate) Debit Authorization Pricing: <input type="checkbox"/> Pass through (Interchange + Markup - ASSOC) <input type="checkbox"/> Fixed (Flat rate) <input type="checkbox"/> Apply to All (If selected, do not fill out individual networks)      %+\$      Auth \$			
	<input type="checkbox"/> ACCL (Accel)      %+\$      Auth \$	<input type="checkbox"/> AFFN      %+\$      Auth \$	<input type="checkbox"/> ALAS (Alaska)      %+\$      Auth \$	
	<input type="checkbox"/> MSTO (Maestro)      %+\$      Auth \$	<input type="checkbox"/> NETS      %+\$      Auth \$	<input type="checkbox"/> NYCE      %+\$      Auth \$	
	<input type="checkbox"/> INKL (Interlink)      %+\$      Auth \$	<input type="checkbox"/> ITS (Shazam)      %+\$      Auth \$	<input type="checkbox"/> CU24      %+\$      Auth \$	
	<input type="checkbox"/> STAR (Explore)      %+\$      Auth \$	<input type="checkbox"/> PULSE      %+\$      Auth \$	<input type="checkbox"/> Other      %+\$      Auth \$	

<b>Point of Sale (Equipment or Software)</b>	<b>VAR Service Provider (Non Distributed):</b> <b>VAR Vendor (Distributed):</b> <b>VAR Product:</b> <b>VAR Version:</b> <b>Gateway (Optional):</b> <b>Aggregator:</b>									
	Qty	POS Description	Equip Code	Training Method	Price per Unit	Monthly Fee	Per Auth	Purchase	Existing	Exchange
					\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Training Contact Name:							Training Contact Phone:		
	<input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 <sup>nd</sup> Day Air							All applicable taxes will be applied. <input type="checkbox"/> Sales Tax Exempt – Additional Documentation required.		
	<input type="checkbox"/> Elavon Bills One Time Fees									
	*Please note that all leases MUST complete the section immediately below. Initials are required. <b>X _____ THE LEASE IS A NON CANCELLABLE LEASE FOR THE FULL TERM OF _____ MOS. TOTAL MONTHLY PAYMENT OF \$ _____ plus taxes, if applicable.</b>									
<b>AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS</b> Merchant hereby authorizes Elavon, through its Ladco Leasing division ("Lessor"), to automatically withdraw Merchant's monthly lease payment and any amounts, including any and all taxes or other charges, owed in accordance with the lease, as applicable, by initiating debit entries to Merchant's account at the financial institution ("Bank") indicated hereon or such other financial institution used by Merchant from time to time. A lease payment (whether paid by debit or other means) that is not honored by Bank for any reason will be subject to a returned item service fee imposed by Lessor. This authorization shall remain in effect until Lessor has received written notice from Merchant of its termination.										
Bank Name:				ABA/Routing #:			DDA Account #:			

Other Card Types	SE # _____ (10 Digits)	American Express: <input type="checkbox"/> ESA <input type="checkbox"/> OnePoint CAPN _____ Monthly Volume: \$ _____
	Amex _____ (10 Digits)	
Other VAS	EBT _____ (5 Digits)	<input type="checkbox"/> Amex Rate 3.5 % \$ _____ CNP Downgrade 0.30 % \$ _____
	Other <input type="checkbox"/> WEX* <input type="checkbox"/> Voyager* *Additional Paperwork Required	<input type="checkbox"/> Amex Flat Fee Option: \$ 7.95 ESA Only - Ann Vol less than \$5,000
Reporting	<input type="checkbox"/> Working Capital Vendor: _____ <input type="checkbox"/> DCC Rebate % DCC Annual Registration Fee \$ <input type="checkbox"/> Bill Payment Portal (additional paperwork required)	
ECS Product Selection and Pricing	<input type="checkbox"/> MCP # Users Monthly Fee \$ Set Up Type (check one) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT Set Up Fee \$ <input type="checkbox"/> OCM # Users Monthly Fee \$ Set Up Type (check one) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT Set Up Fee \$ <input type="checkbox"/> ACS Remote ID Set Up Fee \$ Monthly Fee \$	
	<b>Processing Options:</b> <input type="checkbox"/> POP (Point of Purchase) <input type="checkbox"/> ARC (Accounts Receivable Conversion) <input type="checkbox"/> BOC ( <input type="checkbox"/> POS Image or <input type="checkbox"/> Cash Office Image) 1. ANNUAL check volume: \$ 2. Average check amount: \$ 3. Maximum check amount: \$	
EGC Cards	ECS Monthly Minimum: \$ <input type="checkbox"/> Conversion with Guarantee Guarantee Rate: % Per Transaction: \$ <input type="checkbox"/> Conversion with Verification <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$ <input type="checkbox"/> Conversion Only <input type="checkbox"/> Collections Per Transaction:\$ Per Return Transaction: \$	<b>Additional Service Options</b> <b>Please check box for each additional service option</b> <input type="checkbox"/> NSF Service Fee Processing @ \$2.00 per NSF item. Not applicable for POP Guarantee and all ARC products. <input type="checkbox"/> Enquire Reporting Access: # users: 5 @ \$ each per month <input type="checkbox"/> Turn off return memo advices
	<b>Card Style</b> <b>Quantity</b> <b>Price</b> <input type="checkbox"/> Basic \$ <input type="checkbox"/> Standard \$ <input type="checkbox"/> Custom \$ Max Card Value \$ (Default \$500)	
Other EGC Fees	<b>Fees</b> <b>Price</b> <input type="checkbox"/> Monthly Online Admin - # Users \$ <input type="checkbox"/> Plexi Stand - Quantity \$ <input type="checkbox"/> Graphic Design Service \$ \$ \$ <input type="checkbox"/> Card Carriers (enter total cards) # _____ of Style _____ # _____ of Style _____ # _____ of Style _____ (Multiples of 100 only) \$	<b>EGC Pricing</b> <input type="checkbox"/> Monthly Pricing: \$ per month (Includes Transactions per Location annually. Additional Transactions billed \$0.29 per Transaction) <b>OR</b> <input type="checkbox"/> Transaction Pricing: \$ per Transaction and \$ per month  <input type="checkbox"/> Service Fees (Cardholder charged on unused balances) - Custom Cards are required - Service Fee per Transaction \$ - Apply same to all states? <input type="checkbox"/> Y <input type="checkbox"/> N (if no, complete for each) <b>Fee Amount:</b> \$  <b>Applied:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually  <b>Beginning:</b> Months  <b>After:</b> <input type="checkbox"/> Activation <input type="checkbox"/> Last Transaction Date <b>Lock Balances After:</b> Months of non-use (default 72 Months)
	<b>EGC Network</b> <input type="checkbox"/> Elavon (Direct) <input type="checkbox"/> Givex (Indirect)	
EGC Standard Card Order Details	<b>Card Style:</b>	<b>VAR</b> VAR Service Provider (Non Distributed): VAR Vendor (Distributed): VAR Product: VAR Version:
	<b>Text or Logo Color:</b> <b>Justification:</b> <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> As Submitted <b>Imprint:</b> <input type="checkbox"/> Logo (To avoid delay, please submit artwork to <a href="mailto:EGCArtwork@Elavon.com">EGCArtwork@Elavon.com</a> ) <b>OR</b> <input type="checkbox"/> Text (Imprinting details MUST be entered below) ➤ <b>Font (Select ONE):</b> <input type="checkbox"/> Arial <input type="checkbox"/> <i>Brush Script</i> <input type="checkbox"/> Times New Roman ➤ <b>Text Case (Select ONE):</b> <input type="checkbox"/> Title Case <input type="checkbox"/> UPPER CASE <input type="checkbox"/> lower case <input type="checkbox"/> As submitted	
	Text Line 1 (33 Char Max)	
	Text Line 2 (33 Char Max)	
	Text Line 3 (33 Char Max)	
	Text Line 4 (33 Char Max)	
	Text Line 5 (33 Char Max)	

## Merchant Application: Sales Worksheet

<b>Account Designation</b>	Portfolio Code:	FI:	Agent:	Client Group #:
	Rep Name:	Rep Phone #:	Rep #:	Entity:

<b>Pricing Program</b>	Monetary (5 digits) *only use if MSP office has a special pricing program: otherwise Elavon use only.	Authorization (5 digits)	Equipment 59999	Miscellaneous 69999
------------------------	--	--------------------------	-----------------	---------------------

<b>Mailing/ Shipping</b>	<b>Mail Statements</b> <input type="checkbox"/> DBA or <input type="checkbox"/> Corporate	<b>Retrievals</b> <input type="checkbox"/> Mail To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate or <input type="checkbox"/> Fax To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate <input type="checkbox"/> OCM	<b>Chargebacks</b> <input type="checkbox"/> Mail To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate <input type="checkbox"/> Fax To: <input type="checkbox"/> DBA <input type="checkbox"/> Corporate <input type="checkbox"/> OCM
<b>Auto Send:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Chain merchants only – must include chain set up form)			

<b>Other</b>	<b>Industry Type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> MO/TO <input type="checkbox"/> Lodging <input type="checkbox"/> Internet <input type="checkbox"/> Emerging Market <input type="checkbox"/> Pay at Pump <input type="checkbox"/> Supermarket		
	<b>Network:</b> <input type="checkbox"/> Elavon <input type="checkbox"/> Other:		
	<b>Check Service Company:</b> Name:	Service #:	
	Primary Phone #:	Secondary Phone #:	

<b>Equipment Programming Requirements</b>	<b>Indicate Services required for equipment:</b> <input type="checkbox"/> VISA@/MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover (JCB, Diners, CUP) <input type="checkbox"/> ECS <input type="checkbox"/> EBT <input type="checkbox"/> Amex Rvrs. <input type="checkbox"/> PIP/Split Dial <input type="checkbox"/> Electronic Gift Cards <input type="checkbox"/> Pin Based Debit <input type="checkbox"/> Fleet Terminal		
	<b>Environment</b> <input type="checkbox"/> <b>Retail (Auto Close Default)</b> <input type="checkbox"/> Quick Close <input type="checkbox"/> Invoice Prompt <input type="checkbox"/> B to B (prompt all) <input type="checkbox"/> Store and Forward <input type="checkbox"/> No Signature <input type="checkbox"/> Contactless (with No Signature)		
	<input type="checkbox"/> <b>Restaurant (Quick Close Default)</b> <input type="checkbox"/> Tip Function Waiter <input type="checkbox"/> Tip Function Cashier <input type="checkbox"/> Fine Dining <input type="checkbox"/> Tab Function		
	<input type="checkbox"/> <b>Card Not Present (Auto Close Default)</b> <input type="checkbox"/> Quick Close <input type="checkbox"/> Invoice Prompt <input type="checkbox"/> B to B (prompt all)		
	<input type="checkbox"/> <b>Lodging (Quick Close Default)</b> <input type="checkbox"/> Quick Stay		
	<b>Additional Prompts: (added during training)</b> <input type="checkbox"/> Terminal Auto Close (Rtl, MOTO) ____ Time Zone ____ <input type="checkbox"/> Cash Back Pin Debit (Rtl): \$ ____ (max) <input type="checkbox"/> NO Tip (Rest) <input type="checkbox"/> NO Server Prompt (Rest) <input type="checkbox"/> Clerk Prompt (Rtl) <input type="checkbox"/> Tip Function Waiter (Rtl) <input type="checkbox"/> Tip Function Cashier (Rtl) <input type="checkbox"/> Custom Footer: ____		
	<input type="checkbox"/> Multi-MID: Existing MID: _____ or DBA: _____		
	<b>Phone Information:</b> Access #: _____ <input type="checkbox"/> Dedicated Line <input type="checkbox"/> Shared Line with Fax		

<b>On Site Inspection</b>	Have you physically been on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchant name as it appears on signage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Website:
	Is the physical site inspected the same as the DBA address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchandise consistent with type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is this a retail location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Website meet all internet requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there adequate inventory displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Business located in: <input type="checkbox"/> separate building <input type="checkbox"/> private residence <input type="checkbox"/> shopping center/mall <input type="checkbox"/> office building <input type="checkbox"/> kiosk <input type="checkbox"/> other (describe): _____		
	<b>I certify that the above information is true, complete and accurate:</b> _____ (Signature of Rep)		
	Printed Name:	Rep #:	Date:

