

TES-CardSwipe 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 _____

Submitted by: _____

Date: _____

Date: _____ AWB # _____

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

Merchant Information	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

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

Shipping Info	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: _____		

Principal Information 1 (Owner/Partner/Officer)	<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: _____		

Principal Information 2 (Owner/Partner/Officer)	<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: _____		

Other Merchant Information	Average Sale Amount: \$ _____		Description of product or services offered: _____			
	Total Monthly VISA®/MC/Discover Network® Sales: \$ _____			MCC: _____		
	Card Present (swiped) _____ %	For Card Present Transactions , 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 _____ %	For Card Not Present Transactions , 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 _____ %	For Internet Transactions : List the product web site: _____				
Total = _____ 100%		Contact Us Email Address: _____				
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> (Merchant must notify to close and reopen):						
<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

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

Merchant Application

Card Accept	Please check each card you wish to accept. <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	Pricing Category	<input checked="" 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 type="checkbox"/> Internet

Pricing Information	Rates are for all card acceptance types selected above.			Fees	Fee Type	Amt. \$	Per Authorization \$		
	VISA®	MasterCard	Discover		Application Fee		VISA®	0.20	
	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item		Installation/Training		MasterCard	0.20	
	Qualified	1.88 %+\$	1.88 %+\$		1.88 %+\$	Wireless Set-Up Fee		Discover	0.20
	Rewards Qual	2.03 %+\$	2.03 %+\$		2.03 %+\$	Account Maintenance	20	AMEX	0.20
	Mid-Qual	2.49 %+\$0.03	2.49 %+\$0.03		2.49 %+\$0.03	Chargeback Fee (per occur.)	15	WEX	
	Non-Qual	3.44 %+\$0.14	3.44 %+\$0.14		3.44 %+\$0.14	Return Item Fee/NSF (per occur)	20	Voice Auth Touch Tone	0.65
	Other Tier	<input checked="" type="checkbox"/> Debit <input type="checkbox"/> Supermarket <input type="checkbox"/> Quick Pay/Small Ticket			Annual Fee Start Date		Voice - Operator Assisted	0.95	
		1.43 %+\$0.13	1.43 %+\$0.13		1.43 %+\$0.13	Monthly Service Fee	10	Voice - With AVS	2.20
	Opt Comm Card Tier	3.44 %+\$0.14	3.44 %+\$0.14		3.44 %+\$0.14	Minimum Discount (per mo)		Voice - Bank Referral	4.00
IC DIFF	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Other		Other			
Qualified	%+\$	%+\$	%+\$	Other		<input checked="" type="checkbox"/> Electronic Statement			
INT PLUS	Rate% + Per Item	Rate% + Per Item	Rate% + Per Item	Other		<input type="checkbox"/> Paper Statement			
Markup	%+\$	%+\$	%+\$	Other		Monthly Association Compliance Fee	15		
				Other		Other fees may apply, see Merchant Application.			

Debit Networks	Debit Pricing: <input type="checkbox"/> Pass through (Interchange + Markup - ICDF) <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)		
	<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 \$___	

Point of Sale (Equipment or Software)	VAR Service Provider (Non Distributed):									
	VAR Vendor (Distributed):			VAR Product:			VAR Version:			
	Gateway (Optional):			Aggregator:						
	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:		All applicable taxes will be applied. <input type="checkbox"/> Sales Tax Exempt – Additional Documentation required.	
	<input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 nd Day Air			Elavon Bills One Time Fees						
*Please note that all leases MUST complete the section immediately below. Initials are required.										
<input checked="" type="checkbox"/> THE LEASE IS A NON CANCELLABLE LEASE FOR THE FULL TERM OF ___ MOS. TOTAL MONTHLY PAYMENT OF \$ ___ plus taxes, if applicable.										
AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS										
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	Other _____ (5 Digits)	<input type="checkbox"/> Amex Flat Fee Option: \$ 7.95 ESA Only - Ann Vol less than \$5,000
	<input type="checkbox"/> WEX* <input type="checkbox"/> Voyager* *Additional Paperwork Required	
Other VAS	<input type="checkbox"/> Working Capital Vendor: _____ <input type="checkbox"/> DCC Rebate % DCC Annual Registration Fee \$ <input type="checkbox"/> Bill Payment Portal (additional paperwork required)	
Reporting	<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 \$	
ECS Product Selection and Pricing	Processing Options: <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: \$	
	Additional Service Options	Please check box for each additional service option <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
		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: \$
EGC Cards	Card Style Quantity Price <input type="checkbox"/> Basic \$ <input type="checkbox"/> Standard \$ <input type="checkbox"/> Custom \$ Max Card Value \$ (Default \$500)	EGC Pricing <input type="checkbox"/> Monthly Pricing: \$ _____ per month (Includes _____ Transactions per Location annually. Additional Transactions billed \$0.29 per Transaction) OR <input type="checkbox"/> Transaction Pricing: \$ _____ per Transaction and \$ _____ per month
	Other EGC Fees	
Other EGC Fees	Fees Price <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) \$	EGC Service Fees <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) Fee Amount: \$ Applied: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Beginning: _____ Months After: <input type="checkbox"/> Activation <input type="checkbox"/> Last Transaction Date Lock Balances After: _____ Months of non-use (default 72 Months)
	EGC Network	
EGC Network	<input type="checkbox"/> Elavon (Direct) <input type="checkbox"/> Givex (Indirect)	VAR VAR Service Provider (Non Distributed): VAR Vendor (Distributed): VAR Product: VAR Version:
	EGC Standard Card Order Details	
Card Style:		
Text or Logo Color:		
Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> As Submitted		
Imprint: <input type="checkbox"/> Logo (To avoid delay, please submit artwork to EGCArtwork@Elavon.com) OR <input type="checkbox"/> Text (Imprinting details MUST be entered below)		
➤ Font (Select ONE): <input type="checkbox"/> Arial <input type="checkbox"/> Brush Script <input type="checkbox"/> Times New Roman		
➤ Text Case (Select ONE): <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

Account Designation	Portfolio Code:	FI:	Agent:	Client Group #:
	Rep Name:	Rep Phone #:	Rep #:	Entity:

Pricing Program	Monetary (5 digits) *only use if MSP office has a special pricing program: otherwise Elavon use only.	Authorization (5 digits)	Equipment 59999	Miscellaneous 69999
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Mailing/ Shipping	Mail Statements <input type="checkbox"/> DBA or <input type="checkbox"/> Corporate	Retrievals <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	Chargebacks <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
Auto Send: <input type="checkbox"/> Yes <input type="checkbox"/> No (Chain merchants only – must include chain set up form)			

Other	Industry Type: <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		
	Network: <input type="checkbox"/> Elavon <input type="checkbox"/> Other:		
	Check Service Company: Name:	Service #:	
	Primary Phone #:	Secondary Phone #:	

Equipment Programming Requirements	Indicate Services required for equipment: <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		
	Environment <input type="checkbox"/> Retail (Auto Close Default) <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"/> Restaurant (Quick Close Default) <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"/> Card Not Present (Auto Close Default) <input type="checkbox"/> Quick Close <input type="checkbox"/> Invoice Prompt <input type="checkbox"/> B to B (prompt all)		
	<input type="checkbox"/> Lodging (Quick Close Default) <input type="checkbox"/> Quick Stay		
	Additional Prompts: (added during training) <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: _____		
	Phone Information: Access #: _____ <input type="checkbox"/> Dedicated Line <input type="checkbox"/> Shared Line with Fax		

On Site Inspection	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):		
	I certify that the above information is true, complete and accurate: _____ (Signature of Rep)		
	Printed Name:	Rep #:	Date:

