



MULTIPLE LOCATION ADDENDUM

Please complete all the fields below. The below additional locations have the same EIN and same beneficial owner as the main location. If any additional location has a different EIN or different beneficial owner, it will require a separate application.

MERCHANT INFORMATION			
DBA Name			
Legal/Corporate Name			
Contact			
Phone		Email	
ADDITIONAL ACCOUNT INFORMATION			
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No

Include a complete copy of the original application with this form. Multiple Locations Addendum to Merchant App. Please include a voided check for any above accounts that have different Transit and or DDA information.

INITIALS

DATE

MULTIPLE LOCATION ADDENDUM

DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No

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DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No
DBA Name			
DBA Address			
City	ST	Zip	Phone
Contact		Email	
Monthly Volume	Average Ticket		Equipment Type
Method of acceptance: (Totals to equal 100%) Credit Cards Swiped _____% Key Entered _____%			
MO/TO _____% Internet _____%			
Transit Router (if different)		DDA (if different)	
American Express		Portal	Yes No

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INITIALS **DATE**



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SIGNATURES AND ACKNOWLEDGEMENTS	
The undersigned hereby certifies the company has _____ additional locations that are to participate in the credit card processing program under the terms and conditions of the Companies Merchant Processing Agreement (“Agreement”) with Agile Financial Systems (AFS), dated _____, and that these locations will be conducting business of the same type products and services as the location listed on the attached Agreement, and further certify that the undersigned is authorized to make these representations and agreements on behalf of the Company.	
MERCHANT AGREED AND ACCEPTED:	DATE
SIGNATURE	
FULL NAME	TITLE

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