



Rev 19 LLC (dba Agile Financial Systems)
2535 E. Southlake Blvd, #140
Southlake, TX 76092
817-754-1675 | www.go-afs.com

Merchant Application & Agreement



42 Main Street
Hudson, MA 01749
978-562-2222

Agent Name: _____ Agent #: _____		Merchant #: _____ MCC: _____	
Merchant Name (DBA Or Trade Name)		Corporate/Legal IRS Filing Name	
Location Address		Corporate Address (If Different)	
City	State	Zip	City
Contact Name	Contact Email Address	Business Telephone	Federal Tax ID #
Does this location currently accept payment cards? Yes No		Has merchant or owners/ principals ever been terminated from accepting payment cards from any payment network for this business or any other business? Yes No (If yes, please explain reason for termination)	

TYPE OF BUSINESS: Individual/Sole Proprietor Corporation Government State: _____ Partnership LLC Non-Profit (Provide evidence of 501(c)(3) Status) Public Traded-Stock Symbol _____ Years in Business _____ Months in Business _____ Product or Service being offered _____	NATURE OF BUSINESS: Retail Mail/Phone Order Internet Restaurant Lodging QRS Face to Face Seasonal Sales Yes No If yes, please check high volume months: J F M A M J J A S O N D
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Method of Acceptance: (totals to equal 100%)		Monthly Card Volume: \$ _____ Average Ticket: \$ _____
Credit Cards Swiped: _____%	Key Entered: _____%	American Express Volume: \$ _____ High Ticket: \$ _____
MO/TO: _____%	Internet: _____%	AMEX SE # (if applicable): _____
URL: _____ <i>*Must disclose all URLs linked to this merchant account for processing</i>		

MO/TO QUESTIONNAIRE: COMPLETE THIS SECTION IF PROCESSING LESS THAN 75% CARD-PRESENT TRANSACTIONS:

- What percentage of sales are to: Business Consumers _____% Individual Consumers _____%
- Method of Marketing: Newspaper/Magazine Television/Radio Internet Direct Mail, Brochure and/or Catalog Outbound Telemarketing Sales Other: _____
- Percentage of products sold via: Telephone Orders _____% Mail/Fax Orders _____% Internet Orders _____% Other _____%
- Who's processing the order? Merchant Fulfillment Center Other: _____
- Who enters credit card information into the processing system? Merchant Fulfillment Center Consumer Other: _____
- If credit card payment information is taken over the Internet, is payment channel encrypted by SSL or better? Yes No

If yes, please provide the following:

- Do you own the product/inventory? Yes No b. Is the product stored at your business location? Yes No If No, where is it stored? _____
- After charge authorization, how long until product ships? _____ days d. Who ships the product? Merchant Fulfillment Center
- Product shipped by: U.S. Mail Other: _____ f. Delivery receipt requested? Yes No

Does Merchant use an independent service that stores, maintains, or transmits cardholder information:	No	Yes (If yes, please provide information below)
Name: _____	Phone Number: _____	
Does Merchant use fulfillment house to fulfill product:	No	Yes (If yes, please provide information below)
Name: _____	Phone Number: _____	
Have Merchant or Owner/Principals ever filed Business Bankruptcy and/or Personal Bankruptcy:	No	Yes (If yes, please explain below)
(required) Explanation: _____		

BANK DISCLOSURE:

Member Bank Information: **Avidia Bank, 42 Main Street, Hudson, MA 01749 Phone 978-562-2222**

Important Bank Responsibilities:

- Avidia Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- Avidia Bank is responsible for educating merchants on pertinent Visa and MasterCard Network Rules with which Merchants must comply.
- Avidia Bank, not the ISO, must hold, administer and control all reserve funds derived from settlement.
- Avidia Bank, not the ISO, must hold, administer and control settlement funds for all Merchants.
- Avidia Bank must be a party to the Agreement.

Merchant Information: Refer to this Merchant Application above.

Important Merchant Responsibilities:

- Complying with Cardholder data security and storage requirements.
- Maintaining fraud and Chargebacks below established thresholds.
- Reviewing and understanding the Agreement.
- Complying with the Network Rules.

The responsibilities listed above do not supersede terms of the Agreement and are provided to ensure Merchant understands some important obligations of each party that Avidia Bank, as the ultimate authority should Merchant have any problems.

Merchant Name: _____

Merchant Signature/Title: _____ Date: _____

PRINCIPAL/BENEFICIAL OWNERS:

Principal/Beneficial Owner #1:

First: _____ Middle Init: _____ Last: _____ SSN: _____ Date of Birth: _____

Title: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____ Home Phone: _____

% Ownership: _____ Controlling Interest Yes No DL #: _____ State*: _____ DL Issue Date: _____ DL Expiration Date: _____

Principal/Beneficial Owner #2

First: _____ Middle Init: _____ Last: _____ SSN: _____ Date of Birth: _____

Title: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____ Home Phone: _____

% Ownership: _____ Controlling Interest Yes No DL #: _____ State*: _____ DL Issue Date: _____ DL Expiration Date: _____

Principal/Beneficial Owner #3

First: _____ Middle Init: _____ Last: _____ SSN: _____ Date of Birth: _____

Title: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____ Home Phone: _____

% Ownership: _____ Controlling Interest Yes No DL #: _____ State*: _____ DL Issue Date: _____ DL Expiration Date: _____

Principal/Beneficial Owner #4

First: _____ Middle Init: _____ Last: _____ SSN: _____ Date of Birth: _____

Title: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____ Home Phone: _____

% Ownership: _____ Controlling Interest Yes No DL #: _____ State*: _____ DL Issue Date: _____ DL Expiration Date: _____

Controlling Position (If Not a Principal Owner Listed Above)

First: _____ Middle Init: _____ Last: _____ SSN: _____ Date of Birth: _____

Title: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____ Home Phone: _____

% Ownership: _____ Controlling Interest Yes No DL #: _____ State*: _____ DL Issue Date: _____ DL Expiration Date: _____

*Driver's License is required for person(s) signing the Merchant Application. We may ask for additional, if needed.

CERTIFICATION OF BENEFICIAL OWNER(S)

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

By signing below, I attest that I have accurately provided the name, address, date of birth and Social Security Number (SSN) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns directly or indirectly, 25 percent or more of the equity interests of legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

I, the undersigned _____, certify that all of the information furnished above, with regard to information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above is complete and accurate.

Signature: _____ Date: _____

SITE INSPECTION:						Based upon ISO's review, does Merchant have the appropriate facilities, equipment, inventory, personnel and license or permit to operate their business? No Yes
Merchant:	Owns	Rents				
Building Type:	Shopping Center	Office Building	Industrial Building	Residence	Stand Alone	
Area Zoned:	Commercial	Industrial	Residential			
Square Footage:	0-500	501-2500	2501-5000	5001-10000+		

BANK ACCOUNT INFORMATION:**

Attach voided check for the Account where funds are to be deposited Checking Account Savings Account Bank Name: _____

Legal or DBA Name: (as it appears on the Business Account) _____ Transit # (ABA Routing): _____

Account # (DDA): _____ Re-enter Account # (DDA): _____

**By providing the above referenced information, you are authorizing Bank to initiate ACH debit and credit transactions to said account.

DISCOUNT RATES & FEES:

FOR COST PLUS PRICING, ALL PAYMENT NETWORK INTERCHANGE WILL BE CHARGED AS PASS-THROUGH, IN ADDITION TO THE DISCOUNT RATE SPECIFIED BELOW. CHECK CARD NETWORK COSTS WILL BE CHARGED AS PASS-THROUGH ON ALL PRICING STRUCTURES. FOR PIN DEBIT TRANSACTIONS WITH AUTH FEE ONLY AND/OR COST PLUS PRICING, ALL PIN DEBIT NETWORK FEES WILL BE CHARGED AS PASS-THROUGH, IN ADDITION TO THE DISCOUNT RATE SPECIFIED BELOW.

TYPE OF APPLICATION:		Tiered	Interchange Cost) Plus	Dual Pricing	Surcharge	Flat Rate
CARD FEES:				OTHER FEES		
TIERED	Credit	Check Card	Amex	Pin Debit	Monthly Customer Service Fee	\$_____ Gateway Per Item Fee \$_____ Pre-Arbitration Fee \$_____
Qualified Rate	_____%	_____%	_____%	_____%	Voice Authorization Fee	\$_____ Gateway Monthly Fee \$_____ Paper Statement Fee \$_____
MID Qualified Rate	_____%	_____%	_____%	_____%	Monthly PCI Fee	\$_____ Wireless Setup Fee \$_____ Pin Debit EBT/FNS Per Item Fee \$_____
NON Qualified Rate	_____%	_____%	_____%	_____%	Govt Compliance Fee	\$_____ Monthly Wireless Fee \$_____ EBT/FNS Number #_____
Auth Fee	\$_____	\$_____	\$_____	\$_____	Batch Fee	\$_____ Retrieval Request Fee \$_____ EBT Cash Only
INTERCHANGE (COST) PLUS						
Auth Fee	\$_____	\$_____	\$_____	\$_____	Chargeback Fee	\$_____ AVS Fee \$_____ Same Day Funding Yes No
DISCOUNT METHOD:						
Daily Discount		Monthly Discount		Setup Fee	\$_____ ACH Return Fee \$_____ Monthly Fee \$_____	
				Annual Fee	\$_____ Breach Protection Fee \$_____ Same Day Funding Discount _____%	
				Annual PCI Fee	\$_____ CB Reversal Fee \$_____ Monthly URL Monitoring Fee (per URL) \$_____	
					Monthly Minimum	\$_____

AXP Fee Disclosures:			
Assessment A Fee <small>(Applies to Gross AXP Card Volume)</small>	Non-Swipe A Fee <small>(Applies to Gross AXP Card-Not-Present Volume)</small>	Data Quality Fee <small>(Applies to All AXP transactions that do not meet quality standards)</small>	Inbound Fee <small>(AXP International Assessment Fee)</small>
0.165%	0.30%	0.75%	1.00%

You, as Merchant, have the option of accepting MasterCard credit cards, Visa credit cards, American Express credit cards, credit cards issued by the Discover® Network, MasterCard signature debit cards (MasterMoney Cards) or Visa signature debit cards (Check Cards), or debit cards issued by the Discover Network. Merchant may elect to accept any or all of these card types for payment. If Merchant does not specifically indicate otherwise, the Merchant Application will be processed to accept ALL MasterCard, American Express, Discover Network, and Visa card types. Elected Visa, Discover Network, American Express or MasterCard Card types **NOT** to accept:

PRODUCT FEES:

APEXNow							
1. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____
2. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____
3. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____
MPOS \$_____ Smart MPOS \$_____ Lite \$_____ Terminal \$_____ Plus \$_____ Register Lite \$_____ Register Plus \$_____ Register Premium \$_____							

Other Equipment

1. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____
2. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____
3. Model:	QTY:	Ownership:	New	Reprogrammed	Swapped	Free Terminal ⁽¹⁾	Price (Per Unit) \$_____

APEXOnline (Monthly) - Requires E-Commerce MID

Basic: \$0	Standard: \$24.99	Advanced: \$79.99	Pro: \$299.99
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APEX Gateway

Email:	QTY:	Monthly Fee: \$	Trans Fee: \$	Setup Fee: \$
VAR Contact Name:		Integration Partner Email:		
Additional Options:	WooCommerce	APEX ACH ⁽²⁾ \$_____	APEXConnect	
External Tech Support Tech Support Provided by:				

Other Gateway/Mobile

Name:	QTY:	Setup Fee: \$	Monthly Fee: \$	Trans Fee: \$	Ownership: New Reprogram
Email:					

Terminal Applications

i.e. Retail, Restaurant, Lodging, etc.

Entitlements

i.e. EBT

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TERMINAL COMMUNICATION METHOD

IP Based-DHCP	IP Based-Static	Cellular	Dial-Up
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APPLICATION OPTIONS

Auto Close ⁽²⁾	Time:	Other Terminal Setup Info:						
Pin Debit	AVS	CVV2	Invoice	Restaurant Table #'s	Restaurant Server #'s	Restaurant Tip	Retail Tip	Tip at Time of Sale

EQUIPMENT DEPLOYMENT

Ship Equipment:	Yes	No	Delivery:	Next Day	Second Day	Ground	Other: _____
Ship to:	DBA Address	Legal Address	Other: _____				

PAYMENT

EQUIPMENT TOTAL

Merchant Paying for Equipment/Shipping	Agent Paying for Equipment/Shipping	\$ _____		
Bill to Statement	ACH	Bill CC on File ⁽³⁾	Bill Against Residual ⁽⁴⁾	+Shipping and Taxes

SIGNATURE

CONTINUING PERSONAL GUARANTY PROVISION ("GUARANTY") - PERSONAL GUARANTOR (Capitalized terms not defined in this Guaranty have the meanings set forth in the **Terms and Conditions**)

By signing below, each individual or entity ("Guarantor") jointly and severally (if there is more than one Guarantor) and unconditionally guarantees to ISO and Bank the prompt payment and full and complete performance of all obligations of Merchant identified above under the Agreement, as amended from time to time, including, without limitation, all promises and covenants of the Merchant, and all amounts payable by Merchant under the Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorneys' fees and court costs. This Guaranty means, among other things, that ISO or Bank can demand performance or payment from any Guarantor if Merchant fails to perform any obligation or pay any amount Merchant owes under the Agreement. Each Guarantor agrees that his or her liability under this Guaranty will not be limited or canceled because: (1) the Agreement cannot be enforced against Merchant for any reason, including, without limitation, the initiation of bankruptcy proceedings; (2) either ISO or Bank agrees to changes or modifications to the Agreement, with or without notice to Guarantor; (3) ISO or Bank releases any other Guarantor or Merchant from any obligation under the Guaranty or Agreement, as applicable; (4) any Law affects the rights of either ISO, Merchant, or Bank under the Agreement; and/or (5) anything else happens that may affect the rights of either ISO or Bank against Merchant or any other Guarantor. Each Guarantor further agrees that: (a) ISO and Bank each may delay enforcing any of their rights under this Guaranty without losing such rights; (b) ISO and Bank each can demand payment from such Guarantor without first seeking payment from Merchant or any other Guarantor or from any security held by Bank; and (c) such Guarantor will pay all court costs, attorneys' fees, and collection costs incurred by either ISO or Bank in connection with the enforcement of the Agreement or this Guaranty, whether or not there is a lawsuit, and such additional fees and costs as may be directed by a court. If Merchant is a corporation, limited liability company, partnership or other entity, this Guaranty must be executed by a principal of Merchant.

Principal #1: _____ Principal #2: _____
 Printed Name: _____ Date: _____ Printed Name: _____ Date: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

MERCHANT APPLICATION AND AGREEMENT ACCEPTANCE

(Capitalized terms not defined in this Acceptance Section have the meanings set forth in the **Terms and Conditions**: <https://go-afs.com/merchant-terms-conditions/>)

By executing this Merchant Application ("Merchant Application"), on behalf of the merchant described above ("Merchant"), the undersigned authorized individual(s) each, jointly and severally, represents, warrants, acknowledges and agrees that: (i) all information supplied by Merchant to Rev 19 LLC dba Agile Financial Systems ("ISO") and Avidia Bank Corporation ("Bank") and contained in this Merchant Application is true, correct and complete as of the date of this Merchant Application; (ii) if Merchant is a corporation, limited liability company, or partnership, the individual(s) executing this Merchant Application have the requisite legal power and authority to complete and submit this Merchant Application on behalf of Merchant and to make and provide the acknowledgments, authorizations and agreements set forth herein on behalf of Merchant and individually and to bind Merchant to the terms of this Merchant Application, the Guaranty and the attached Terms and Conditions, as may be amended from time to time (collectively, the "Agreement"); (iii) the information contained in this Merchant Application is provided for the purpose of obtaining, or maintaining, a merchant account for Merchant with the Bank and Bank and ISO will rely on the information provided herein in its approval process and in setting the applicable discount rate, approved average ticket, and approved monthly Card volume; (iv) Bank is authorized to investigate, either through its own agents or through credit bureaus/agencies, the credit of Merchant and each person listed on this Merchant Application; (v) Bank will determine all rates, fees and charges and notify Merchant of the approved fees and by Merchant's submission and acceptance of Merchant's first settled transaction, Merchant agrees to pay such fees in accordance with the terms of the Agreement; (vi) the Agreement will not take effect until Merchant has been approved by Bank and a merchant identification number has been issued to Merchant; and (vii) Merchant and the undersigned have received, read and understood the Agreement, and Merchant agrees to be bound by the terms of the Agreement. Merchant acknowledges that this Agreement is being submitted to Bank, as the member bank of the Card Networks, and ISO is also a party to this Agreement. Merchant acknowledges that ISO will rely on the representations and warranties set forth in this Agreement and unless otherwise specified or prohibited by the Network Rules or Law, ISO will have certain rights under this Merchant Application and Agreement.

PCI COMPLIANCE TERMS AND CONDITIONS

Merchants are required to be PCI compliant and maintain compliance while your merchant account is open. Merchants that have not validated PCI compliance will be enrolled in our PCI Assistance Program at \$29.95 per month starting at 60 days after the date the account was approved or 60 days after compliance has expired. If PCI compliance is not validated after being approved 180 days or compliance has expired, the merchant will be assessed the Proactive Security Fee (PSF) at \$49.95 per month until account is compliant. If assistance is needed with completing the SAQ for compliance, please contact our Customer Support team.

MERCHANT:

Principal #1: _____
 Print Name: _____ Date: _____
 Principal #2: _____
 Print Name: _____ Date: _____

BANK:

By: _____ Date: _____
 Name and Title: _____
 Rev19 LLC (dba Agile Financial Systems):
 By: _____ Date: _____
 Name and Title: _____

By checking this box, Merchant opts out of receiving future commercial marketing communications from American Express. In addition:

- You may continue to receive marketing communications while American Express updates its records to reflect your choice.
- Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.
- American Express may use the information obtained in the Merchant application at the time of setup to screen and/or monitor Merchant in connection with Card marketing and administrative purposes.

Notes: (1) Must include a signed Free Terminal Addendum form
 (2) Merchant agrees to T&Cs upon logging into APEX Gateway
 (3) Agent must complete electronic CC authorization form
 (4) Agent must have a minimum of \$1,500 in monthly residuals

Other Notes: _____



ADDITIONAL DOCUMENTS

Please provide the additional supporting documentation to complete the application process.

ATTACH VALID COPY OF OWNER'S DRIVER'S LICENSE: _____

ATTACH ADDITIONAL SUPPORTING DOCUMENTS: _____