MSP Additional Equipment/Services

SUBMITTED BY

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE INFORMATION PROVIDED IN THIS COMPANY APPLICATION WAS PROVIDED BY THE COMPANY AND IS TRUE, COMPLETE AND ACCURATE.

MSP SHORT NAME: | MSP REP #: | EMAIL: | MSP PHONE #: | DATE:

COMPANY INFORMATION

MID:	DBA NAME:			SHIP TO: ☐ ADDRESS PROVIDED IN *MERCH INFO* **OR** PROVIDE A CONTACT NAME & ADDRESS BELOW	
CONTACT NAME:				**SPECIAL INSTRUCTIONS:**	
ADDRESS 1:					
ADDRESS 2:					
CITY:	STATE/PROVINCE:	ZIP:	COUNTRY:	EMAIL ADDRESS:	(*REQUIRED FOR MCP & VAR*)

PLEASE NOTE: IF A REQUEST TYPE IS NOT LISTED ON THIS FORM IT IS BECAUSE (IF AVAILABLE) IT REQUIRES AN ADDENDUM.

PROCESSING METHOD

CURRENT METHOD: ☐ PAPER ☐ EDC ☐ ARU CHANGE TO: ☐ ARU ☐ EDC

CARD TYPE REMOVAL

REMOVE CARD TYPE:

POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWORK: ☐ ELAVON ☐ OTHER: _____ **NETWORK CHANGE**: CURRENT NETWORK: _____ CHANGE NETWORK TO: _____

VAR SERVICE PROVIDER (HOSTED):	VAR VENDOR (DISTRIBUTED):	GATEWAY (OPTIONAL):
	VAR PRODUCT: VAR VERSION:	AGGREGATOR:

☐ A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:

☐ **2ND DAY AIR $** ☐ **RUSH** NDA –NEXT BUSINESS DAY: **$** ☐ **RUSH** NDA -SATURDAY : **$**

					SOFTWARE/WIRELESS			**SALE TYPE**					
QTY	EQUIPMENT/PRODUCT DESCRIPTION	ITEM CODE	NEW/ USED	TERMINAL CONNECTION TYPE	SETUP FEE	MONTHLY FEE	PER AUTH	PURCHASE	EXCHANGE*	OWNS	ENCRYPT EXCHANGE	PRICE PER UNIT	TOTAL AMT DUE *(PURCHASE ONLY)*
					$	$	$	☐	☐	☐	☐	$	$
					$	$	$	☐	☐	☐	☐	$	$
					$	$	$	☐	☐	☐	☐	$	$
					$	$	$	☐	☐	☐	☐	$	$
					$	$	$	☐	☐	☐	☐	$	$
					$	$	$	☐	☐	☐	☐	$	$

ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. ☐ SALES TAX EXEMPT *(ADDITIONAL DOCUMENTATION REQUIRED.)*

ADDITIONAL POS SERVICES:	**DESCRIPTION**	**SETUP FEE**	**ANNUAL FEE**	**MONTHLY FEE**	**PER AUTH FEE**
		$	$	$	$
		$	$	$	$

							SOFTWARE/WIRELESS			
	QTY	**POS DESCRIPTION**	**ITEM CODE**	**TERMINAL CONNECTION TYPE**	**TID TYPE OMNI ONLY**	**MONTHLY RATE PER UNIT**	**ANNUAL FEE PER UNIT**	**MONTHLY FEE PER UNIT**	**SETUP FEE PER UNIT**	**PER AUTH FEE**
RENTAL EQUIPMENT:						$	$	$	$	$
						$	$	$	$	$
						$	$	$	$	$
						$	$	$	$	$
						$	$	$	$	$
						$	$	$	$	$

Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide.

ADDITIONAL SERVICES REQUIRED ☐ VISA/MC ☐ DISCOVER ☐ UNION PAY ☐ AMERICAN EXPRESS ☐ AMEX RVRS. PIP/SPLIT DIAL
(ADD RATES FOR NEW CARD TYPE(S) IN PRICING SECTION) ☐ PIN BASED DEBIT ☐ EBT

HEALTHCARE: ☐ TRANSEND PAY RATE: **1.50%**

☐ **RETAIL (AUTO CLOSE DEFAULT)** ☐ QUICK CLOSE ☐ INVOICE PROMPT ☐ B TO B (PROMPT ALL) ☐ NO SIGNATURE ☐ CONTACTLESS (W/NO SIGNATURE) ☐ STORE & FWD/BAM

☐ **RESTAURANT (QUICK CLOSE DEFAULT)** ☐ TIP FUNCTION WAITER ☐ TIP FUNCTION CASHIER ☐ FINE DINING ☐ TAB FUNCTION

☐ **CARD NOT PRESENT (AUTO CLOSE DEFAULT)** ☐ QUICK CLOSE ☐ INVOICE PROMPT ☐ B TO B (PROMPT ALL)

☐ **LODGING (QUICK CLOSE DEFAULT)** ☐ QUICK STAY

☐ **SEMI INTEGRATED**

MULTI MID REQUEST: NEW COMPANY RELATIONSHIP DBA: _____ MID RANK ORDER* (1,2,3…): _____
**NOTE: ANY EXISTING MID WILL DEFAULT TO MASTER MID #1* EXISTING COMPANY RELATIONSHIP: EXISTING MID: _____

TRAINING REQUIREMENTS: (NO TRAINING DEFAULT) ☐ NO TRAINING ☐ TRAINING ONLY ☐ DOWNLOAD ONLY ☐ DOWNLOAD AND TRAINING
CONTACT NAME: CONTACT PHONE #:

FUNDING

FUNDING OPTION: MONTHLY FEE: $

SECURITY PROGRAMS

SECURITY PROGRAM: ▸
(REMOVE EXISTING PCI MONTHLY FEE IF SAFE-T PROGRAM SELECTED)

NON CLEAR & SIMPLE	**DISCOUNTED FEE (MONTHLY):** $ 0	**STANDARD FEE (MONTHLY):** $0.00
CLEAR & SIMPLE	**DISCOUNTED FEE (MONTHLY):** $ 0	**STANDARD FEE (MONTHLY):** $0.00

PRICING INFORMATION

RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.

☐ TIERED OR ☐ ENHANCED IC PLUS	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
QUALIFIED	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
MID QUALIFIED	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
NON-QUALIFIED	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
STANDARD	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
OTHER TIER	☐ CHECK CARD *(T-opt /EIC-req)*	☐ SPRMKT *(T-opt/EIC-NA)*	☐ QPS/SMALL TKT *(T-opt/EIC-NA)*		
	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
REWARDS TIER *(T-opt / EIC-req)*	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
COMMERCIAL CARD TIER *(T-opt /EIC-req)*	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____

PASS THRU: ☐ IC PLUS OR ☐ IC DIFF	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
MARKUP	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____

☐ DIFFERENTIAL	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS
	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)	RATE (%) + PER ITEM ($)
QUALIFIED	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____
NON-QUALIFIED	____ % + $____	____ % + $____	____ % + $____	____ % + $____	____ % + $____

***Discover includes JCB, DI, PAY PAL PAYMENT DEVICE.**

****PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.**

PRICING PROGRAMS

MONETARY PROGRAM:

AUTH PROGRAM:

EQUIPMENT: 59999

MISCELLANEOUS: 59999

ADDITIONAL CARD HANDLING FEES

INTERNATIONAL CARD HANDLING FEE (RATE):

%

(CHARGED ON VISA, MC, DISCOVER, AMEX)

CARD ACCEPTANCE METHOD UPDATE

CARD PRESENT _____ %

CARD NOT PRESENT _____ %

INTERNET _____ %

TOTAL (MUST EQUAL 100%)

▸**INTERNET :** PRODUCT WEBSITE:

▸**INTERNET:** "CONTACT US" EMAIL:

▸CUSTOMER SERVICE PHONE #:

AUTHORIZATIONS (PER OCCURRENCE)

VISA	$	UNIONPAY	$	VOICE AUTH TOUCH TONE	$
MASTERCARD	$	WEX	$	VOICE- OPERATOR ASSISTED	$
DISCOVER	$	DIAL COMMUNICATION	$	VOICE – WITH AVS	$
AMEX	$	OTHER:	$	VOICE – BANK REFERRAL	$

PIN/PINLESS DEBIT

☐ PIN DEBIT ☐ PINLESS DEBIT

MONETARY: ☐ PASS THROUGH (ICDIF) ☐ PASS THROUGH (ICPLS)* ☐ SURCHARGE (FLAT RATE) | AUTH : ☐ PASS THROUGH (INTERCHANGE PLUS MARKUP) ☐ FIXED (FLAT RATE)

APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM ($) ____ % + $____ AUTH $ ____

INTERLINK ____ % + $____ AUTH $ ____	MAESTRO ____ % + $____ AUTH $ ____	UPDBT ____ % + $____ AUTH $ ____	ACCEL ____ % + $____ AUTH $ ____
AFFN ____ % + $____ AUTH $ ____	ALASKA ____ % + $____ AUTH $ ____	CU24 ____ % + $____ AUTH $ ____	NETS ____ % + $____ AUTH $ ____
NYCE ____ % + $____ AUTH $ ____	PULSE ____ % + $____ AUTH $ ____	SHAZAM ____ % + $____ AUTH $ ____	STAR ____ % + $____ AUTH $ ____

*A PIN/PINLESS DEBIT ENABLEMENT SERVICE PER ITEM FEE WILL BE BILLED BASED ON THE REQUIREMENTS FOUND IN THE COMPANY REPRESENTATIONS AND CERTIFICATIONS SECTION 5 FOR IC PLUS PRICING METHOD ONLY.

OTHER CARD TYPES EXISTING

AMEX	SE # *(10 DIGITS)*:	PER AUTH: $	EBT	SE # *(7 DIGITS)*:	PER AUTH: $	☐ WEX (ADDITIONAL PAPERWORK REQ.)
OTHER	SE #:	PER AUTH: $	OTHER	SE #:	PER AUTH: $	☐ VOYAGER (ADDITIONAL PAPERWORK REQ.)

OTHER VAS

☐ DYNAMIC CURRENCY CONVERSION (DCC):	DCC Conversion Rate: %	DCC Rebate: %
	Annual DCC Registration Fee: $	DCC Exchange Rate Source: **US Bank**

☐ 3D SECURE PER OCCURRENCE: $ | ☐ MULTI-CURRENCY

REPORTING TOOLS

☐ ONLINE CASE MANAGEMENT MONTHLY FEE $ _____ SETUP FEE $ _____ # USERS _____ SET UP TYPE (ONE) ☐ MID ☐ CHN ☐ ENT

☐ ACS MONTHLY FEE $ _____ SET UP FEE $ _____

SIGNATURE

BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN AND TO THE TERMS SET FORTH IN THE TERMS OF SERVICE (TOS) AND THE OPERATING GUIDE LOCATED AT OUR WEBSITE AT https://www.mypaymentsinsider.com/api/file/c/Terms_of_Service_English AND https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English, RESPECTIVELY.

SIGNATURE _____ NAME & TITLE _____ DATE _____

E-MAIL TO: ADDEQUIPMENTSERVICE@ELAVON.COM **OR** ***FAX TO:*** 1-866-548-6824 ***OR*** 1-865-403-5693