

MERCHANT SERVICE APPLICATION FORM

Merchant Information	Note: Please ensure the information below is the same as your Merchant Agreements
<i>If you are changing or deleting information, please complete a "Change Request Form" available at www.globalpaymentsinc.com</i>	
Merchant name (Doing Business As)	<input type="text"/>
Max 25 characters appear under "Merchant Name" on Cardholder's Credit Card Statement	
Merchant Address	<input type="text"/>
City	Prov/State <input type="text"/> Postal/Zip <input type="text"/>
Max 15 characters appear under "City" on Cardholder's Credit Card Statement	
Contact Name	Email <input type="text"/>
Telephone # <input type="text"/>	Fax # <input type="text"/>

P.O.S. System Information	POS System Name: <input type="text"/>
Vendor/Dealer Name: <input type="text"/>	Contact Name: <input type="text"/>
Telephone # <input type="text"/>	Fax # <input type="text"/>
Communication Type <input type="checkbox"/> DIAL UP <input type="checkbox"/> IP/SSL <input type="checkbox"/> IP VPN <input type="checkbox"/> IP DATAWIRE <input type="checkbox"/> OTHER	

Credit Card Information	Note: Please ensure the information below is ACCURATE as it will affect your bank account deposits.	Attach a VOID Cheque from both MC and Visa Deposit Bank accounts												
Card Types	Merchant Number <input type="text"/>													
MasterCard <input type="text"/>	Circle the companies that provided your MC & Visa merchant #													
VISA <input type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">GPI</td> <td style="text-align: center;">Credit Union CUETS</td> <td style="text-align: center;">Paymentech/Citibank</td> </tr> <tr> <td style="text-align: center;">Moneris</td> <td style="text-align: center;">First Data</td> <td></td> </tr> <tr> <td style="text-align: center;">GPI</td> <td style="text-align: center;">TD CanadaTrust</td> <td style="text-align: center;">Desjardins</td> </tr> <tr> <td style="text-align: center;">Moneris</td> <td style="text-align: center;">Paymentech</td> <td></td> </tr> </table>		GPI	Credit Union CUETS	Paymentech/Citibank	Moneris	First Data		GPI	TD CanadaTrust	Desjardins	Moneris	Paymentech	
GPI	Credit Union CUETS		Paymentech/Citibank											
Moneris	First Data													
GPI	TD CanadaTrust	Desjardins												
Moneris	Paymentech													
American Express <input type="text"/>	Discover <input type="text"/>													
JCB <input type="text"/>	Sears <input type="text"/>													
Diner's Club <input type="text"/>														
Debit Card: If your system is certified for Debit with Global, complete a "Debit Card Services Request Form" available @ www.globalpaymentsinc.com														

Processing Information	Currency: <input type="checkbox"/> CAN\$ <input type="checkbox"/> U.S.\$	Check only ONE: Complete a separate Form for each currency
Internet/eCommerce: Do you process credit card orders over the internet?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Data Capture/Settlement:	<input type="checkbox"/> Terminal-based: Merchant or Software provider initiates end-of-day batch upload <input type="checkbox"/> Host-based: GPS automatically closes batch daily at 1:00 a.m EST	
POS Attended/Unattended:	<input type="checkbox"/> Attended: POS device is operated by attendant at the site <input type="checkbox"/> Unattended: POS device is operated solely by the cardholder	
I agree to verify my bank accounts on a daily and monthly basis, to ensure that I am correctly receiving my deposits from GPS.		
Signature: <input type="text"/>	Date: (MMDDYY) <input type="text"/>	

Fax completed application to: Implementations Department 416-644-5964

GPS Set up Information	Bank ID/ICA <input type="text"/>	Merchant/Terminal ID <input type="text"/>
This section will be completed by GPS Implementation department and will be forwarded back to you. Please provide this information to your vendor to configure your POS system.	Plan <input type="text"/>	Company <input type="text"/>
	Agent <input type="text"/>	Store <input type="text"/>
	Primary Access No. <input type="text"/>	MCC/SIC Code <input type="text"/>
	Backup No. <input type="text"/>	<input type="text"/>

PLEASE ALLOW UP TO 3 WEEKS FOR IMPLEMENTATION

Global Payment Systems of Canada, Ltd. Phone (416) 644-5959 (Press Option 1) Fax (416) 644-5964

THIS FORM IS AVAILABLE ON-LINE AT www.globalpaymentsinc.com