



MERCHANT PROCESSING APPLICATION AND AGREEMENT

Chain ID | | |

FAX: 775-782-7572
TOLL FREE: 866-427-7297

Signing Rep:	Sales Office Phone:
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PLEASE SEND COMPLETED INFORMATION TO PETROLEUM CARD SERVICES, ATTENTION: APPLICATION PROCESSING
 2243 PARK PLACE, SUITE C, MINDEN, NV 89423 • WWW.PCS4FUEL.COM
 TOLL FREE 866.427.7297 • FAX 775.782.7572

(1) BUSINESS NAME(S)

Legal Name of Business:			DBA (doing business as):		
Mailing/Billing Address:			Location Address (if different from Mailing):		
City:	State:	Zip:	City:	State:	Zip:
Contact Name:			Contact Name:		
Phone Number:	Fax Number:		Phone Number:	Fax Number:	
Merchant E-Mail Address:			Merchant URL:		
Name (as it appears on your income tax return)		Federal Tax ID Number (as it appears on your income tax return)		<input type="checkbox"/> I certify that I am a foreign entity / nonresident alien <small>(if checked, please attach IRS Form W-8)</small>	

NOTE: Failure to provide accurate information may result in a withholding of Merchant funding per IRS regulations. See Part IV., A.3. of your Program Guide for further information.

(2) MERCHANT PROFILE ("BUSINESS")

Business Open Date:	Length of Current Ownership:	Average Monthly Volume for MC/V/Discover® Network:	
# of Locations:	Type of Business:	Highest Ticket Amount for MC/V/Discover Network:	Average Ticket Amount for MC/V/Discover Network:
Type of Goods/Services Sold:		Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High Volume Months: _____	
Swiped _____%	Keyed with Imprint _____%	Keyed without Imprint _____%	TOTAL 100%
		Face to Face _____%	Mail Order (MO) _____%
		Telephone Order (TO) _____%	Internet _____%
		TOTAL	100%

(3) OWNERSHIP INFORMATION

Sole Proprietorship
 Private Corp.
 Public Corp.
 Government (Federal/state/local)
 Medical/ Legal Corp.
 Int'l Organization
 Partnership
 Limited Liability Co.
 Non-Profit Corp.
 Associations/Estates & Trusts
 Tax-Exempt Org. (501C)

Owner 1 Partner/Officer Name:	Title in Business:	Ownership %
Home Address:	City:	State: Zip: Country:
Social Security #:	Phone Number:	DOB:
Owner 2 Partner/Officer Name:	Title in Business:	Ownership %
Home Address:	City:	State: Zip: Country:
Social Security #:	Phone Number:	DOB:

(4) MERCHANT APPLICATION REFERENCES

Trade Reference 1 Name:	Contact:	Phone Number:	Account #:
Trade Reference 2 Name:	Contact:	Phone Number:	Account #:

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(5) SETTLEMENT ACCOUNT (YOU MUST ATTACH A VOIDED CHECK)

We will automatically debit your Settlement Account for any amounts owed to us under the Merchant Processing Application and Agreement.

A voided check from this account must be attached	<input type="checkbox"/> Checking Only	Contact Name: _____	Bank Name: _____
	Phone Number: _____	Transit Number: _____	DDA Number: _____

(6) PROCESSOR

Does your company or you, manage or own another business which already has a Merchant account with Processor? Yes No

If yes, list name, address and Merchant #:

Name of Business: _____ Merchant #: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you now processing or have you ever processed MasterCard/Visa/Discover? Yes No (If yes, attach a previous Processor's statement)

Name of Processor: _____

Have you ever had a bankcard relationship terminated? Yes No (If yes, attach explanation)

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, give name and address: _____

(7) EQUIPMENT

QUANTITY	EQUIPMENT TYPE	WILL MERCHANT RENT OR PURCHASE EQUIPMENT?
		<input type="checkbox"/> Rent <input type="checkbox"/> Purchase
		<input type="checkbox"/> Rent <input type="checkbox"/> Purchase
		<input type="checkbox"/> Rent <input type="checkbox"/> Purchase

PURCHASE PRICE: \$ _____ RENTAL MONTHLY FEE: \$ _____

Any agreement for the purchase or rental of equipment is between you and Petroleum Card Systems.

PIN PAD SWAP: PIN PAD 1000 S9 PIN PAD OTHER Communication Type: Dial Internet Wireless

FOR PIN PAD SWAPS, PLEASE INCLUDE A CHECK FOR \$135.00 PAYABLE TO "Petroleum Card Services"

(8) CREDIT CARD ACCEPTANCE

Acceptance of all MasterCard, Visa and Discover transactions is presumed unless you indicate which service(s) you do not want by checking that service below:

MC Credit Transactions MC Non-PIN Debit Transactions

Visa Credit Transactions Visa Non-PIN Debit Transactions

Discover Transactions

(9) ENTITLEMENTS

New American Express Agreement Attached: Yes No

Please provide the following MID #'s when available:

Amex: _____

Check Guar: _____

Check Guar Co.: _____

Check Guar Method: Drivers License MICR

*** Note: If no box is checked it will automatically default to Driver's License.

(10) PIN DEBIT

Debit Card Debit/ATM Transaction Fee: \$ _____ (Plus Debit Network Processing Fees)

(11) PETROLEUM INFORMATION

Pay at the Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wright Express: 3.50% Transaction Fee: 15¢	<input type="checkbox"/> Data Wire <input type="checkbox"/> New (\$500.00)
Batch to Close: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Voyager Rate: 3.40% Transaction Fee: 9¢ Charged by CS Holdings, LLC	Re-provision Existing Box Serial # _____
Integrated Equipment: <input type="checkbox"/> VeriFone <input type="checkbox"/> Gilbarco <input type="checkbox"/> Wayne <input type="checkbox"/> Other: _____		POS Equipment Type: _____

(12) EBT INFORMATION

FNS #: _____ Trans Fee: _____ Benefit Issuance Availability: Days _____ Hours _____

Electronic Voucher Support: Yes No

Check all EBT services provided at this location: Food stamps Cash Benefits Purchase with Cash Back Purchase Cash Withdrawal

If cash issuance, the limit amount: \$ _____

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(13) SCHEDULE OF FEES (Charged by Processor)

All fees are subject to change as provided below. For further details, read this entire Merchant Processing Application and Agreement.

THREE-TIER PRICING for MasterCard/Visa/Discover	
DISCOUNT Rate Tier Description	Discount Rate (%) and Downgrade Fee
Rate 1	_____ % (plus Association Access Fees of \$0.0269)
Rate 2	Rate 1 plus _____ % + \$ _____
Rate 3	Rate 1 plus _____ % + \$ _____

TWO-TIER PRICING for MasterCard/Visa/Discover	
DISCOUNT Rate Tier Description	Discount Rate (%) and Downgrade Fee
Rate 1	_____ % (plus Association Access Fees of \$0.0269)
Rate 3	Rate 1 plus _____ % + \$ _____

PASSTHROUGH PRICING

_____ % Discount Rate for MasterCard, Visa and Discover credit and MasterCard, Visa and Discover Signature Debit
 + Association Dues (.0011 MasterCard dues, .0011 Visa and .0010 Discover dues) (plus Association Access Fees of \$0.0269)
 + Interchange Rate
 = Total Processing Rate

Your processing fees will be the Discount Rate and the current Interchange Rate at the time you process your Transaction. Interchange Rates are variable and are determined by how your transactions clear Interchange.

AUTHORIZATION AND TRANSACTION FEES

ACH Fee	\$ _____ / batch	<input type="checkbox"/> Vital Fee	\$ _____ / per occurrence
American Express Authorization/EDC Fee	\$ _____ / per occurrence	Voice Authorization Fee	\$ _____ / per occurrence
Decline Fee	\$ _____ / per occurrence	Voice Response Unit (VRU) Fee	\$ _____ / per occurrence
MasterCard/Visa/Discover Authorization Fee	\$ _____ / per occurrence	Voyager Authorization Fee	\$ _____ / per occurrence
Pre-Auth Fee	\$ _____ / per occurrence	WEX Authorization Fee	\$ _____ / per occurrence

OTHER FEES

Annual Fee	\$ _____ / year	Monthly Fee	\$ 7.5000 / month
Chargeback Fee	\$ 20.00 / per occurrence	Retrieval Fee	\$ _____ / per occurrence
Early Cancellation Fee*	\$ 300.00 / one time	Statement Fee	\$ _____ / month
MC AVS Acquirer Fee	\$ 0.0050 / per occurrence	Visa Misuse of Auth Fee	\$ 0.4500 / per occurrence
MC AVS CNP Acquirer Fee	\$ 0.0075 / per occurrence	Visa Partial Auth Non-Participation Fee (VPANP Fee)	\$ 0.0100 / per occurrence
Minimum Monthly Discount Fee	\$ _____ / month	Visa Zero Floor Limit Fee	\$ 0.1000 / per occurrence

*A fee charged if this Merchant Processing Application and Agreement is terminated or cancelled prior to the expiration of the initial thirty-six (36) month term.

(14) SITE INSPECTION INFORMATION

Person/Authorized Company Performing Site Visitation:		Visitation Date:	How Many Employees:
Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential		Location: <input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Isolated <input type="checkbox"/> Mall <input type="checkbox"/> Mixed <input type="checkbox"/> Office <input type="checkbox"/> Shopping Area	
Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None			
Do you have a refund policy for VISA/MasterCard/Discover sales? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, check one: <input type="checkbox"/> VISA/MasterCard Credit <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit			
If VISA/MasterCard Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14 days			
Mail / Telephone Order / Business to Business Information (ALL QUESTIONS MUST BE ANSWERED BY APPLICABLE TYPE OF MERCHANTS)			
What % of total sales represent Business to Business (vs. Business to Consumer):		B2B _____ % + B2C _____ % = 100% (total sales)	
What % of bancard sales represent Business to Business (vs. Business to Consumer):		B2B _____ % + B2C _____ % = 100% (total sales)	
What is the time from transaction to delivery? (% of orders delivered in days):		0-7 _____ % + 8-14 _____ % + 15-30 _____ % + over 30 days _____ % = 100% delivered	
VISA/MasterCard sales are deposited on (check one):		<input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other	
Who performs product/service fulfillment?		<input type="checkbox"/> Direct <input type="checkbox"/> Vendor (Provide Name/Address/Phone below) <input type="checkbox"/> Other	
Vendor Name: _____			
Address: _____			
City: _____ State: _____ Zip: _____ Phone: _____			

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(15) AUTHORIZATIONS AND REPRESENTATIONS

Client certifies that all information set forth in this completed Merchant Processing Application and Agreement ("MPA") is true and correct and that Client has received a copy of the Program Guide and Confirmation Page (version pcs0710), which is part of this MPA (consisting of Sections 1-15), and by this reference incorporated herein. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 4, Marketing Method above, you are authorized to accept transactions in accordance with the percentages indicated in that section. Client authorizes CTS Holdings, LLC and Wells Fargo Bank, N.A. ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this MPA. Client authorizes Processor and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. It is our policy to obtain certain information in order to verify your identity while processing your account application. Each of the undersigned authorize Bank/Processor to use credit bureau/reporting agencies and/or their own agents to verify the accuracy of all information provided herein and to assess and monitor each of the undersigned's credit status. Each of the undersigned authorizes all such credit bureau/reporting agencies to release any information they may have pertaining to him/her to Bank/Processor. No sales agent of Bank/Processor is authorized to make any verbal or written modification to this Merchant Application and Agreement and/or the Operating Procedures.

Client authorizes Processor and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House ("ACH") for costs associated with equipment hardware, software and shipping. You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time. I declare under penalty of perjury under the laws of the state of California and under the laws of the state in which my business is located that all of the information contained in this Application is true and complete.

I agree that if I process Card transactions, I will comply with the Program Guide for all transactions I process. I understand that I also may request a copy of the Program Guide from my sales representative at any time. I further understand that no strikeouts, interlineations, additions or modifications to this preprinted MPA may be made and that this MPA may be transmitted to or from Processor and/or retained electronically by Processor, which will constitute an original.

Client agrees to all the terms of this MPA. This MPA shall not take effect until Client has been approved and this Agreement has been accepted by Processor and Bank.

_____	X _____	_____
Print Name of Principal or Corporate Officer	Signature	Date

Title		
_____	X _____	_____
Print Name of Principal or Corporate Officer	Signature	Date

Title		

PERSONAL GUARANTOR

Personal Guaranty: The undersigned guarantees to Processor and Bank the performance of this Agreement and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. Processor and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of Processor and Bank. The term of this guarantee shall be for the duration of the MPA and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

_____	X _____	_____
Print Name of Personal Guarantor	Signature, as an individual (No Title)	Date

Print Name of Personal Guarantor	Signature, as an individual (No Title)	Date

CTS Holdings, LLC on behalf of itself and on behalf of Wells Fargo Bank, N.A. (for Visa and MasterCard transactions)

X _____ For internal use only: SIC/MCC Code _____
Signature