



Payment Solutions
a Division of Exentec Corporation

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Merchant Processing Agreement

Business Information

Form Av114

Business Legal Name: (Must match corporate name on check)		Business DBA Name:	
Mailing/Billing Address:		Location Address (If different from mailing):	
City/State/Zip:		City/State/Zip:	
Phone: ()		Phone: ()	
Fax: ()		Fax: ()	
Contact:	Type of Business:	Time Zone of Terminal Location:	

Ownership Information

Type of Ownership: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		Date Incorporated:	Federal Tax ID #:
Owner/Partner/ Officer Name:		Title:	% Of Ownership:
Home Address:		City/State/Zip:	
Social Security #:	Home Phone: ()	Length of Ownership:	

Terminal Information

Terminal Type/Model:					Terminal Transaction: Minimum: \$5.00 Maximum: \$ _____	
Quick Cash Keys: Enter \$ Amounts	Key 1	Key 2	Key 3	Key 4	Surcharge Information	
	Key 5	Key 6	Key 7	Key 8		
All 8 keys need not be used					Total Surcharge: \$ _____	Merchant Receives: \$ _____

Scheduled Fees

Monthly Service Fee: \$ _____ Per Month	Paid By: <input type="checkbox"/> Merchant <input type="checkbox"/> Other: _____
* A voided check or bank letter for the operating bank account must be provided in order to process transactions.	
MEMBER MERCHANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZES POBC OR ITS AUTHORIZED ASSIGNEES TO VERIFY SAME, INCLUDING OBTAINING A CONSUMER REPORT ON THE ABOVE INDIVIDUAL(S).	
SIGNATURE: _____	
PRINT NAME: _____	TITLE: _____ DATE: _____