

## **SUB-MERCHANT APPLICATION AND AGREEMENT (SMAA)**

SEL	ECTION 1: SUB-MERO	CHANT INFORM	IATION								
Busin	ness/ Sub-Merchant (provide le	gal entity name)				Doing Busines	ss As (If a	pplicab	le):		
Date of Formation Approx. Years in Bus				siness	Business Address						
	Tax ID (FEIN)		Website (URL)					Busin	ess Phone		
Pri	mary Contact Name (For Genera	al Communications)	Primary (	Contacts Phone			Р	rimary (	Contact Email		
		Pu	blic	Individual	Т	Corporation		Partn	ership	Othe	r
	Business Type			□Sole		☐S-Corp		□Ge	neral	□No	n-Profit
	(Select one)	Private		☐ Proprietorship ☐ C-Corp		$\square$ C-Corp	-Corp		$\square$ Partnership		C)
		"	vate	□ndividual		□LLC		□Lin			overnment
									tnership	□Ot	her:
Has befo	this business processed credit cards re?	business processed credit cards  Has this business ever been terminated from accepting credit cards from any network?  Will this business be running a presale prior to o		to ope				payment methods ne business accept?			
$\Box$ Y	'es □No	□Yes	□No	□Yes □	□Nc		NA	□De	ebit $\square$ Cr	edit	$\square$ ACH
	Briefly describe the nature of t	he services provided by th	s business.	What types of payment would this business like to accept?							
				□In Person □ (		·	none $\square$	]Mail-i	n □Recur	ring Bi	lling
SEC	CTION 2: TRANSACTION	ON INFORMATI	ON (all financial ass	umptions approximate	d in l	USD)					
Annua	al Card Volume (\$) Av	g Ticket (Card) (\$)	Annual ACH Volum	ne (\$) Avg Tic	ket (A	ACH) (\$)	Max. T	icket (AC	H) (\$) M	ax. Ticket	Credit Card (\$)
Total	Annual Sales – All Transactions (\$)										
	CTION 3: LOCATION IN	NFORMATION (	use additional pages if					Cama			
Locati	ion/Business Name			Business Address				Same as Sec. 1 address	Business Phor	е	
1											
2											
3											
4											
SEC	TION 4: MERCHANT	ID INFORMATI	ON (list one MID per	row from the following on	ntions	· Card Present We	h Rilling (	or eChack	.)		
	hant ID Account Name (will appear		iated Section 3 Location			Type of MID		Card Rev		Ser	vice Fee
1	The state of the s	•	tion#:			No.					
2		Loca	tion#:								
3		Loca	tion#:								
4		Loca	tion#:								

FILE NAME: SMAA PUBLIC 1

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SECTION 5: OWNER IN					
Why Do We Need This Information	tion? We require cer	tain information abo	ut your owne	rship for compliance	with federal
Know-Your-Customer (or "KYC")					
Department of Treasury. KYC re		•			
The information sought below is	•				-
person or entity with a 25% or n					
Entity. Beneficial Owners may b					
federal tax ID number). In addit					
Control Owner is not required to					
Owner must be a natural persor	· ·		-		
•		•	•		
Merchant's business. Control O	whers often have the	e title of CEO, CFO, Ci	JO, Managing	ivieniber, General Pa	arther, President,
or Treasurer.  AUTHORIZED CONTACT( MUST BE A NATURAL	DEDCON\ * Donatos required fields	for all applicants			
Full Legal Name *	PERSON) Deflotes required fields	s for all applicants		Date of Birth *	
				=:-1	
Address (Home or Business) *				Title	
Phone (Home or Business) *				Email *	
CECTIONIC DANIZINIC INI	FORMATION				
SECTION 6: BANKING IN					
SECTION 6: BANKING IN For multiple bank account					
					4!
For multiple bank accoun	nts only: Include	the associated	MID numb	er from Section	4!
For multiple bank accoun	nts only: Include	the associated	MID numb	er from Section	4!
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For multiple bank accoun	nts only: Include	the associated	MID numb	er from Section	4!
For multiple bank accounts	Account Name	Routing Number	MID numb	Account Number	<b>4!</b>
For multiple bank account Bank Name  ACKNOWLEDGEMENT: By signing below,	Account Name  Sub-Merchant expressly act	Routing Number  Routing Number	MID numb	Account Number	4! er  at has the proper legal
For multiple bank account Bank Name  ACKNOWLEDGEMENT: By signing below, authority to bind the Sub-Merchant; (2) the	Account Name  Sub-Merchant expressly act e Sub-Merchant's Application	Routing Number  Routing Number  knowledges that: (1) the incon for payment services ma	MID numb  MID #  dividual signing the ay be rejected in u	Account Number Accoun	at has the proper legal epted, will constitute a
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For multiple bank account Bank Name  ACKNOWLEDGEMENT: By signing below, authority to bind the Sub-Merchant; (2) the	Sub-Merchant expressly acie Sub-Merchant's Applicativith the Payment Facilitate Service Terms and Condition	knowledges that: (1) the income for payment services mader identified below; (3) all ins, and any other documents.	MID #  dividual signing the ay be rejected in unformation provious referenced as less than the second secon	is Sub-Merchant Agreemen nderwriting but, once acceled herein is true and accurate peing part of the agreemen	at has the proper legal pyted, will constitute a rate to the best of Subt, shall become part of
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FILE NAME: SMAA PUBLIC 2

X

Date

**ACCEPTED BY:** 

Vermont Systems, Payment Facilitator

Name and Title

Date

**SUBMITTED AND AGREED TO BY:** 

Name and Title

(Sub-Merchant)\_

X