

ADDITIONAL PRODUCTS & SERVICES (CONTINUED)

DBA Name: _____

☐ FIRSTADVANTAGE™ GIFT CARD PROGRAM

Account Set-Up Fee: \$ _____ (plus shipping for Welcome Kit)

Location Fee: \$ _____ per month

Transaction Fee: \$ _____ each

Pooling Fee: \$ _____ *

****Your FirstAdvantage Welcome Kit will include 25 FirstAdvantage gift cards to get your business selling FirstAdvantage quickly. The cards are silver with black printing and will include your DBA name custom printed on the front. Additional cards are available by filling out the FirstAdvantage Order Form included in your Welcome Kit. (Shipping costs will be added.)**

☐ Existing Cards? Please email GiftCards@First-Advantage.net for instructions.

Type of Terminal : _____

Number of Locations: ☐ Single Location ☐ Multiple Locations: _____ of _____

Additional Cards: See FirstAdvantage™ Order Form

Send Welcome Kit To: ☐ Mailing/Billing Address ☐ Physical Street Address

☐ Sales Office ☐ Sales Rep. (Complete shipping address below)

Attn: _____ Phone Number: _____

Office/Rep Address _____

City: _____ State: _____ Zip: _____

Access Online Reports With FirstView.

*The Pooling Fee is assessed to cover the cost of moving funds between multiple locations.

(See the Gift Card/Loyalty Terms & Conditions for information relating to these and other fees.)

☐ SECUR-CHEX® CHECK SERVICES

Monthly Maintenance Fee: \$ _____

Monthly Minimum: \$25.00

Voice Authorization Fee: \$0.95

Total # of Checks Per Month: _____

Average Check Amount: \$ _____

Requested High Check/Maximum Guarantee Amount:

Total \$ Amount of Checks: \$ _____
(Per Month)

Average Return Rate: _____ %

The High Check/Maximum Guarantee amount is based on credit approval.
\$ _____

Credit Card Processing: ☐ At Deluxe

☐ Elsewhere

☐ No Credit Card Processing

Guarantee (Choose One):

☐ Guaranteed Conversion* (No Image):

☐ Check Guarantee (Paper-Based):

☐ Corporate Check Guarantee (Paper-Based):
(Includes check guarantee for corporate and personal checks.)

Applicable Fees For Selected Guarantee Service:

Transaction Fee: \$ _____

Guarantee Rate: _____ %

Minimum Per Check Fee: \$ _____

*The Maximum Guaranteed Amount for Guaranteed Conversion is \$1,500. Payroll Checks and Third Party Checks will not be converted or guaranteed even if an authorization receipt prints. Corporate Checks cannot be converted but can be guaranteed if this option is selected.

A La Carte: Custom Features for Check Guarantee (Conversion and Paper-Based)

A La Carte fees are in addition to the Guarantee Rate and Minimum Per Check Fee listed above.

☐ Bank Fee Reimbursement: \$ _____ per transaction (Available for Paper-Based checks only)

Claims for returned Qualifying Checks submitted with bank notice showing the fee charged by your bank will be paid an amount up to the Maximum Amount plus the bank fees.

☐ No Fault Coverage: \$ _____ per transaction (Available for Paper-Based and Conversion checks)

In the event a Qualifying Check is submitted for a claim without all required information needed for guarantee, the check will still be guaranteed.

☐ 7-Day Claims Payment: \$ _____ per transaction (Available for Paper-Based checks only)

Claims submitted for Qualifying Checks will be paid within 7 days of receipt of the claim.

☐ Stop Payment Coverage: \$ _____ per transaction (Available for Paper-Based and Conversion checks)

If a Qualifying Check is returned because of "Stop Payment," Secur-Chex® will guarantee payment up to 10% of the maximum guarantee amount.

No Guarantee - Products:

☐ Check Conversion with Verification: Transaction Fee: \$ _____

Uncollectible Item Fee: \$ _____ per check

☐ Check Verification Only (Paper-Based): Transaction Fee: \$ _____

AGREEMENT

By signing below, I authorize the addition of the products or services requested above. I expressly agree to be governed by the provisions of the original Merchant Processing Terms & Conditions as it relates to each product or service added. I further certify that I am authorized to sign on behalf of the company.

SIGNATURE: **X** _____

PRINT NAME: _____

TITLE: _____

DATE: _____

REP. SIGNATURE: *Jason Bergeron* _____

OFFICE #: _____ REP #: _____