



ADDITIONAL PRODUCTS & SERVICES REQUEST

100 Throckmorton Street, Suite 1800 • Fort Worth, Texas 76102
(817) 317-9100 • Fax: (866) 460-5475

Legal Name (as shown on Federal Tax Return): GALVESTON COUNTY

Fed Tax ID: 74-6000908

BUSINESS NAME(S) (PLEASE PRINT CLEARLY)		
Business D/B/A Name: <u>GALVESTON COUNTY, TX - BEACH</u>		
Physical Street Address: <u>722 MOODY, 4TH FLOOR</u>		
City, State, Zip: <u>GALVESTON TX 77550</u>		
D/B/A Phone: <u>409/762-8621</u>	D/B/A Contact: <u>DWIGHT SULLIVAN</u>	Merchant #: <u>6280200008796146</u>
<input type="checkbox"/> DEBIT / EBT		
Debit Rate: _____ % Debit Access Fee: \$ _____ per month		(See the Merchant Processing Terms & Conditions for other Debit/EBT Related Fees.) By applying for EBT processing services and providing the FCS/FNS number(s), Merchant warrants it is an approved and authorized agent of the State or Government to conduct EBT transactions. Additional paperwork may be required.
Debit Transaction Fee: \$ _____ <input checked="" type="checkbox"/> Pass-Through of Debit Interchange & Network Fees		
<input type="checkbox"/> Cashback: Cashback Limit: \$ _____ Cashback limit cannot exceed \$500.00		
<input type="checkbox"/> EBT Transaction Fee: \$ _____ per transaction		
FCS #: <u> </u> FNS #: <u> </u>		
<input type="checkbox"/> FIRSTPAY.NET™ 2.0 INTERNET SERVICES (CHOOSE SERVICE(S) BELOW) (See the FirstPay.Net 2.0 Processing Terms & Conditions for information relating to these services.)		
Service: <input type="checkbox"/> Total Package <input type="checkbox"/> Internet Payment Gateway <input type="checkbox"/> MOTO Virtual Terminal <input type="checkbox"/> Virtual Point-of-Sale <input type="checkbox"/> Payment Plug-in for QuickBooks® (Download) <input type="checkbox"/> Gateway Integrated Devices	FirstPay.Net™ 2.0 Service Fees: Monthly Service Fee: \$ _____ Set Up Fee: \$ _____ Gateway Transaction Fee: \$ _____ Device(s) Encryption Fee(s): (Any devices added are subject to additional fees.) Qty. _____ x \$ _____ per month Device Quantity _____ Total Monthly Fees \$ _____	Mobile Service & Fees: <input type="checkbox"/> 1stPayMobile EMV Monthly Service Fee: \$ _____ (per device) Set Up Fee: \$ _____ (plus tax) Mobile Transaction Fee: \$ _____ Device Quantity _____
Add-Ons: <input type="checkbox"/> Customer Information Manager (CIM): \$ _____ per month <input type="checkbox"/> Batch Upload (offline transactions only) <input type="checkbox"/> Integrated Gateway Device Qty: _____ X \$ _____ per month Web Developer: _____ Phone: _____ Email: _____		
<input type="checkbox"/> SURCHARGE		
Monthly Service Charge: \$ _____ Service Charge Rate: _____ % OR Service Charge Fee: \$ _____ per transaction		
<input type="checkbox"/> THIRD PARTY POS		
Set Up Fee: \$ _____ (plus tax) Monthly POS Fee (per Device): \$ _____ Number of Devices: _____		
<input type="checkbox"/> MERCHANT BENEFITS PACKAGE *See the Merchant Processing Terms & Conditions regarding Equipment swaps.		
Monthly Fee: \$ _____ Merchant Benefits Package Includes: • Equipment swaps* • FirstView™ Premium online reporting (Merchant email address required for this service.)		
<input type="checkbox"/> NEXT DAY FUNDING (See the Next Day Funding Terms & Conditions for information relating to these and other fees.)		
<input type="checkbox"/> NEXT DAY FUNDING RATE*: _____ % <input type="checkbox"/> MONTHLY FEE: \$ _____ *Next Day Funding rate shall be charged on total credit and debit volume. Subject to Credit Approval and Criteria.		
<input type="checkbox"/> TSYS GUARDIAN		
<input type="checkbox"/> Point to Point Encryption Terminal Quantity: _____ Monthly Fee (per terminal): \$ _____ Setup (select one): <input type="checkbox"/> Triple Data Encryption Standard <input type="checkbox"/> Tokenization <input type="checkbox"/> Format Preserving Encryption (Voltage) Transaction Fee: \$ _____		
<input checked="" type="checkbox"/> WIRELESS FEES (MANDATORY IF UTILIZING A WIRELESS TERMINAL)		
Transaction Surcharge: \$0.07-per-item Activation/Re-Activation Fee (Per Terminal): \$20.00 Monthly Access Fee (Per Terminal): \$15.00		
SIM CARD: <u> </u> Add SIMs when shipped		



ADDITIONAL PRODUCTS & SERVICES (CONTINUED)

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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: \$ _____ Average Return Rate: _____ %
(Per Month) \$ _____

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: MARK HENRY

TITLE: County Judge

DATE: July 7, 2025

REP. SIGNATURE: 

OFFICE #: 203769 REP #: 369741