



MERCHANT APPLICATION

(MERCHANT TO FILL OUT YELLOW AREAS ONLY)

Business d/b/a Name:		Business LEGAL Name:		Number of Locations in Application:	
Mailing/Billing Address:			City:	State:	ZIP:
Contact Name:		Telephone Number:		Fax Number:	
Location Address (if different from Mailing):			City:	State:	ZIP:
Contact Name:	Telephone Number:	Fax Number:	E-mail Address:		

BUSINESS PROFILE AND ASSUMPTIONS

Card Present: 0% + Card Not Present: 100% TOTAL: 100%			Sales to Direct Consumer: 100% + Business to Business: 0% TOTAL: 100%		
Type of Business: Internet Moto		Type of Goods/ Services Sold:		Seasonal Sales: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Expected NET Annual Card Sales (\$):	Average Ticket (\$):	Card Swipe (%): 0%	Imprint (%): 0%	Processing Method: <input checked="" type="checkbox"/> EDC <input type="checkbox"/> Paper <input type="checkbox"/> ARU	Business Open Date:
Length of Current Ownership:	Visa and MasterCard Currently Accepted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Application Type: <input checked="" type="checkbox"/> Never had Bank cards <input type="checkbox"/> Ownership Change <input type="checkbox"/> Processor Change <input type="checkbox"/> Addl. Location – 1st LOC/OLD MID #			
Previous Processor: NA			Business Website Address:		

OWNERSHIP INFORMATION

Ownership Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> Medical/Legal Corp <input type="checkbox"/> Govt <input type="checkbox"/> Assoc/Estates & Trusts <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Intl Org <input type="checkbox"/> Ltd Liability Co.					
Federal Tax ID #:		Dun & Bradstreet #: (Optional)		# of Employees:	
Existing FNBO Relationships: <input type="checkbox"/> Commercial <input type="checkbox"/> Merchant <input type="checkbox"/> Retail <input type="checkbox"/> Trust <input type="checkbox"/> Other _____					
Owner/Partner/ Officer Name:		Title in Business:		Social Security Number:	
Home Address:		City:		State:	
Home Telephone Number:		Have you ever declared bankruptcy? If yes, Please mark applicable box: <input type="checkbox"/> Personal <input type="checkbox"/> Business			

MERCHANT APPLICATION REFERENCES

Bank Reference Name:	Contact:	Telephone Number:	Account Number:
Trade Reference 1 Name:	Contact:	Telephone Number:	Account Number:
Trade Reference 2 Name:	Contact:	Telephone Number:	Account Number:

BY THEIR EXECUTION HEREOF, THE UNDERSIGNED PARTIES HEREBY AGREE TO THE TERMS, CONDITIONS AND PROVISIONS OF THE DOCUMENTS, AGREEMENTS AND RULES WHICH ARE INCLUDED HEREIN, WHICH SHALL BECOME EFFECTIVE AS PROVIDED. THE FOLLOWING DOCUMENTS ARE CALLED THE "AGREEMENT:" THE MERCHANT APPLICATION, THE TERMS AND CONDITIONS BOOKLET, AND THE RATE DESCRIPTIONS BOOKLET. MERCHANT HEREBY ACKNOWLEDGES RECEIPT OF THESE DOCUMENTS. IF MERCHANT IS RENTING EQUIPMENT, BY ITS SIGNATURE BELOW, MERCHANT AGREES TO THE EQUIPMENT RENTAL AGREEMENT CONTAINED IN THE TERMS AND CONDITIONS BOOKLET.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES EFFECTIVE ON THE DATE SIGNED BY FNBO.

MERCHANT (BUSINESS NAME): Signature: _____ Name (Please print): _____ Title: _____ Date: _____	FBNO Signature: _____ Name: _____ Title: _____ Date: _____
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GUARANTEE

For value received, and in consideration of the mutual undertakings contained in this AGREEMENT, the undersigned, ("GUARANTOR"), being interested in the business and success of MERCHANT and to induce FNBO to enter into AGREEMENT, does hereby absolutely and unconditionally guarantee the full and faithful performance and prompt payment by MERCHANT of all its obligations to FNBO, together with all costs, expenses and attorney's fees incurred by FNBO in connection with any actions, inactions, or defaults of MERCHANT. The liability of GUARANTOR shall not be effected by any settlement, modification, release, waiver, discharge or variation of terms of any obligation of MERCHANT, of GUARANTOR, or any other person or by any failure of FNBO to exercise or enforce any of its rights against MERCHANT. GUARANTOR hereby waives notice of acceptance of guarantee, notice of demand, prosecution of collection, all exemption and homestead laws and all setoffs and counterclaims. This guarantee shall be governed by and construed in accordance with the laws of the State of Nebraska. GUARANTOR agrees, in the event of any dispute regarding this guarantee, the courts of the State of Nebraska shall have and be vested with personal jurisdiction over GUARANTOR. The GUARANTOR waives any right to require FNBO to proceed against other persons of MERCHANT to require MERCHANT to comply with AGREEMENT. This is a guarantee of payment and not of collection. This is a continuing guarantee and shall remain in effect until one hundred-eighty (180) days after receipt by FNBO of written notice by GUARANTOR terminating or modifying the same. The GUARANTOR agrees to provide on FNBO's request financial statements and/or tax returns to verify ability to guarantee the MERCHANTS liabilities under AGREEMENT. The termination of AGREEMENT or guarantee shall not release GUARANTOR from liability with respect to any obligations incurred prior to the effective date of termination. No termination of guarantee shall be effected by the dissolution of GUARANTOR, by any change in legal status of GUARANTOR or any change in the relationship between MERCHANT and GUARANTOR. Guarantee shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and FNBO.

THE UNDERSIGNED AGREES TO THE TERMS OF THE GUARANTEE.

PERSONAL GUARANTOR (Signature): _____ Print Name: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ ZIP Code: _____

POS Information

POS METHOD

- | | | |
|--|--|---|
| <input type="checkbox"/> Dial Terminal | <input type="checkbox"/> PC Product | <input type="checkbox"/> Direct Settle * |
| <input type="checkbox"/> ECR * | <input type="checkbox"/> System Integrator * | <input checked="" type="checkbox"/> Internet Service Provider * |
| | <input type="checkbox"/> Batch * | <input type="checkbox"/> Other |

* Please fill out information below:

Provider Name: Ecomshare Inc.

Contact Name: Barney Treadway

Phone Number: (970) 577-1399

Fax Number: (970) 577-1408

SERVICES REQUESTED

Card	Card	New	Existing	Merchant ID #:
<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> ATM/DEBIT	<input type="checkbox"/> Diners			_____
<input type="checkbox"/> SCAN	<input type="checkbox"/> JCB			_____
<input type="checkbox"/> Check Service	<input type="checkbox"/> Voyager			_____
<input type="checkbox"/> P-Card	<input type="checkbox"/> Other			_____

MERCHANT: ATTACH VOIDED CHECK AND FAX THIS APPLICATION AND VOIDED CHECK TO: 303-422-9030 ATTN KATHERINE COOKE)