



Merchant Processing Agreement

Date: _____

Merchant Name: _____

Referral: _____

(Referral DCS or other party)

Sales Group: _____

Sales Rep: _____

Merchant ClientID: _____ (Determined during Underwriting)

NAICS #: _____

BASYS is an authorized reseller for ACHeck21®

DCS Holdings Group, LLC dba ACHeck21® - a Payroc World Access company
7840 Graphics Drive
Tinley Park, Illinois 60477
Attn: Legal Department and Managing Director



MERCHANT INFORMATION

Merchant DBA Information					
Business Name:		Phone:		Fax:	
Physical Address:		City:		State:	Zip:
Legal Information:					
Business Name:		Phone:		Fax:	
Billing Address:		City:		State:	Zip:
Contact information – ACHeck21 employees are restricted from disclosing information to any parties not listed as a Contact or Principal.					
Primary Contact Name:			Primary Contact Title:		
Primary Contact Email:			Primary Contact Phone #:		
Technical Contact Name:		Technical Contact Phone #:		Technical Contact Email:	
Billing Contact Name:		Billing Contact Phone #:		Billing Contact Email:	
Merchant Business Information					
Federal Tax ID Number		State Tax ID Number:		Website Address:	
Type of Business/Industry			Standard Industry Code (SIC/NAICS)		
Business License NO:		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> PA or PC <input type="checkbox"/> Non-Profit			
State Incorporated in:		Year Incorporated:	Year Business Established:	Issued By:	
Principal 1 (a principal is an owner; or, if a public corp. Senior officer starting with the CEO or President)					
Name:		Title:		% Ownership:	DL# or Passport:
Home Address:		City:		State:	Zip:
Home Phone:		Date of Birth:		Social Security Number:	
Principal 2					
Name:		Title:		% Ownership:	DL# or Passport:
Home Address:		City:		State:	Zip:
Home Phone:		Date of Birth:		Social Security Number:	
NOTE: IF TOTAL % OF OWNERSHIP DOES NOT EQUAL OR EXCEED 51% FOR THE TWO PRINCIPALS NAMED ABOVE, PLEASE ATTACH AND ADDENDUM LISTING ALL PRINCIPALS AND ALONG WITH THE INFORMATION REQUESTED UNTIL A MAJORITY OF THE OWNERS IS REPRESENTED.					
Merchant Profile					

CS100-F100 - Merchant Processing Agreement

Has MERCHANT or any associated principal identified in this agreement filed for or been subject to involuntary bankruptcy in the last 7 years: <input type="checkbox"/> NO <input type="checkbox"/> YES, attach an explanation, including date.			
Has this business or any associated principal been terminated for electronic check processing or ACH service: <input type="checkbox"/> NO <input type="checkbox"/> YES			
Do you currently or have you, in the past, ever used ACH services, check conversion services or remote deposit capture? <input type="checkbox"/> NO <input type="checkbox"/> YES, name of current or previous processor:			
Do you have a refund policy? <input type="checkbox"/> NO <input type="checkbox"/> YES, Please provide a copy of the refund policy. If the policy is on a web-site, provide the URL:			
Has the Better Business Bureau, Attorney General, Federal Trade Commission or similar organizations received complaints about your business, unauthorized charging or unauthorized services? <input type="checkbox"/> NO <input type="checkbox"/> YES, attach an explanation, including copies of complaints, dates and disposition of all complaints.			

Trade References			
Company name:	Contact person:	Telephone:	Business Type:
Company name:	Contact person:	Telephone:	Business Type:
Company name:	Contact person:	Telephone:	Business Type:

Bank References (at least ONE Required)			
Bank name:	Contact person:	Telephone:	Account Number:
Bank name:	Contact person:	Telephone:	Account Number:
Bank name:	Contact person:	Telephone:	Account Number:

Activity Monitoring Information			
Highest Single DEBIT Amount: \$	Average Transaction Amount: \$	Highest Single RETURN Amount: \$	Deposit Frequency: Daily or ____ Times/Week
Highest Single DEPOSIT Amount: \$	Monthly DEBIT Volume: \$ # of Items: _____	Monthly RETURN Volume: \$ # of Items: _____	

SYSTEM INFORMATION

Clearing Account Information (Select ONE)		
<input type="checkbox"/> ACHECK21 High Risk	<input type="checkbox"/> ACHECK21 Low Risk*	<input type="checkbox"/> Other**

Account Information for Deposit of Funds				
Bank Name:	Bank Routing/Transit Number:	Bank Account Number:		
Type of Account (Checking or Savings):	Branch Address:	City:	State:	Zip:

Intelligent Routing Type (Select ONE)		
<input type="checkbox"/> ACH	<input type="checkbox"/> Check21	<input type="checkbox"/> ACH w/ C21 Exception

Transaction Types (Select all which apply)		
<input type="checkbox"/> ARC – Accts Receivable Conversion	<input type="checkbox"/> TEL – Telephone Initiated Payment*	<input type="checkbox"/> 937 – ICL Image Debit & Deposit
<input type="checkbox"/> BOC – Back Office Conversion	<input type="checkbox"/> WEB – Web Initiated Payment*	
<input type="checkbox"/> PPD – Prearranged Payment	<input type="checkbox"/> CCD – Corp. Cash Disbursement	
<input type="checkbox"/> POP – Point of Purchase	*Operating Review Evaluation Form is required	

ACheck21 Software Installation Information – check capture		

CS100-F100 - Merchant Processing Agreement

# Of Physical Locations:	Total # of PC Installs:	Anticipated Installation Date:	All PC's evaluated for min. system requirements (See Restrictions): <input type="checkbox"/> YES <input type="checkbox"/> NO
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Attach voided check here

PRICING	
<input type="checkbox"/> Transactions <25k Discount Rate:	%
<input type="checkbox"/> Transactions >25k Discount Rate:	%
<input type="checkbox"/> Monthly Fee	\$
<input type="checkbox"/> Return Fee	\$
<input type="checkbox"/> Transaction Fee	\$
<input type="checkbox"/> Simple Pay Transaction Fee	\$
<input type="checkbox"/> Batch Fee	\$

SIGNATURE PAGE***Statement of Personal Guarantee***

Guarantee: The undersigned guarantees to ACHECK21 the performance of the Agreement, and any addendum thereto by Merchant, including payment of all sums due and owing and costs associated with the enforcement of the terms thereof. ACHECK21 shall not be required to first proceed against the Merchant or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of ACHECK21. The term of this guarantee shall be for the duration of the Merchant Processing Agreement and any addendum thereto (including any period of time during which any rights or obligations survive termination of the Merchant Processing Agreement) and shall guarantee all obligations which may arise in connection with my activities during the term thereof though enforcement shall be sought subsequent to any termination.

Signature: X	Printed Name:	SSN:	Date:
Residential Street Address:	City:	State:	Zip Code:
Signature: X	Printed Name:	SSN:	Date:
Residential Street Address:	City:	State:	Zip Code:

Acknowledgement of Terms and Conditions (Required)

Merchant certifies that all information set forth in this completed Merchant Processing Agreement is true and correct and that Merchant has received a copy of the Terms and Conditions which are a part of this Agreement, and by this reference incorporated herein.

Initials: X	Date:	
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Acceptance of Merchant Processing Agreement

This is an agreement by and between ACHECK21 and the Merchant. Merchant authorizes ACHECK21 and their respective agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Merchant authorizes ACHECK21 and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Merchant acknowledges that ACHECK21 will provide pertinent credit reports to Merchant only upon written request of authorized persons pursuant to the rules set forth under the Fair Credit Reporting Act (FCRA). Additional information about the FCRA is available at (<http://www.ftc.gov/sites/default/files/fcra.pdf>). ACHECK21 reserves the unilateral right to share information with federal, state, and local law enforcement and/or federal or state regulatory agencies as well as processing banks. Merchant agrees to all the terms of this Merchant Processing Agreement. This Merchant Processing Agreement shall not take effect until Merchant has been approved and this Agreement has been accepted by ACHECK21.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the date(s) indicated below.

MERCHANT:

DCS HOLDINGS GROUP, LLC

Signature of Authorized Agent: X	Signature of Authorized Agent: X
Printed Name of Authorized Agent:	Printed Name of Authorized Agent:
Title:	Title:
DATE SIGNED BY MERCHANT:	DATE SIGNED BY DCS: