

MSP Additional Equipment/Services

SUBMITTED BY													
TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE INFORMATION PROVIDED IN THIS COMPANY APPLICATION WAS PROVIDED BY THE COMPANY AND IS TRUE, COMPLETE AND ACCURATE.													
MSP SHORT NAME:			MSP REP #:			EMAIL:			MSP PHONE #:			DATE:	
COMPANY INFORMATION													
MID:		DBA NAME:				SHIP TO: <input type="checkbox"/> ADDRESS PROVIDED IN MERCH INFO OR PROVIDE A CONTACT NAME & ADDRESS BELOW							
CONTACT NAME:					SPECIAL INSTRUCTIONS:								
ADDRESS 1:													
ADDRESS 2:													
CITY:		STATE/PROVINCE:		ZIP:	COUNTRY:		EMAIL ADDRESS: _____			(REQUIRED FOR MCP & VAR)			
PLEASE NOTE: IF A REQUEST TYPE IS NOT LISTED ON THIS FORM IT IS BECAUSE (IF AVAILABLE) IT REQUIRES AN ADDENDUM.													
PROCESSING METHOD						CARD TYPE REMOVAL							
CURRENT METHOD: <input type="checkbox"/> PAPER <input type="checkbox"/> EDC <input type="checkbox"/> ARU <input type="checkbox"/> CHANGE TO: <input type="checkbox"/> ARU <input type="checkbox"/> EDC						REMOVE CARD TYPE:							
POINT OF SALE (EQUIPMENT OR SOFTWARE)													
NETWORK: <input type="checkbox"/> ELAVON <input type="checkbox"/> OTHER: _____				NETWORK CHANGE: CURRENT NETWORK: _____ CHANGE NETWORK TO: _____									
VAR SERVICE PROVIDER (HOSTED):		VAR VENDOR (DISTRIBUTED):				VAR VERSION:			GATEWAY (OPTIONAL):				
		VAR PRODUCT:							AGGREGATOR:				
<input type="checkbox"/> A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:													
<input type="checkbox"/> 2 ND DAY AIR: \$			<input type="checkbox"/> RUSH NDA -NEXT BUSINESS DAY: \$			<input type="checkbox"/> RUSH NDA -SATURDAY : \$							
				SOFTWARE/WIRELESS			SALE TYPE						
QTY	EQUIPMENT/PRODUCT DESCRIPTION	ITEM CODE	NEW/USED	SETUP FEE	MONTHLY FEE	PER AUTH	PURCHASE	EXCHANGE*	OWNS	ENCRYPT EXCHANGE	PRICE PER UNIT	TOTAL AMT DUE (PURCHASE ONLY)	
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED.)													
ADDITIONAL POS SERVICES:		DESCRIPTION					SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE			
							\$	\$	\$	\$			
							\$	\$	\$	\$			
RENTAL EQUIPMENT:							SOFTWARE/WIRELESS						
		QTY	POS DESCRIPTION	ITEM CODE	TID TYPE <small>OWN ONLY</small>	MONTHLY RATE PER UNIT	ANNUAL FEE PER UNIT	MONTHLY FEE PER UNIT	SETUP FEE PER UNIT	PER AUTH FEE			
						\$	\$	\$	\$	\$			
						\$	\$	\$	\$	\$			
						\$	\$	\$	\$	\$			
Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide.													
ADDITIONAL SERVICES REQUIRED <input type="checkbox"/> VISA/MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> UNION PAY <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> AMEX RVRS. PIP/SPLIT DIAL <input type="checkbox"/> PIN BASED DEBIT <input type="checkbox"/> EBT													
HEALTHCARE: <input type="checkbox"/> TRANSEND PAY RATE: 1.50%													
IP COMMUNICATION METHOD: (DIAL DEFAULT) <input type="checkbox"/> IP <input type="checkbox"/> DIAL													
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT) <input type="checkbox"/> QUICK CLOSE <input type="checkbox"/> INVOICE PROMPT <input type="checkbox"/> B TO B (PROMPT ALL) <input type="checkbox"/> NO SIGNATURE <input type="checkbox"/> CONTACTLESS (w/NO SIGNATURE) <input type="checkbox"/> STORE & FWD/BAM													
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT) <input type="checkbox"/> TIP FUNCTION WAITER <input type="checkbox"/> TIP FUNCTION CASHIER <input type="checkbox"/> FINE DINING <input type="checkbox"/> TAB FUNCTION													
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT) <input type="checkbox"/> QUICK CLOSE <input type="checkbox"/> INVOICE PROMPT <input type="checkbox"/> B TO B (PROMPT ALL)													
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT) <input type="checkbox"/> QUICK STAY													
<input type="checkbox"/> SEMI INTEGRATED													
MULTI MID REQUEST:			NEW COMPANY RELATIONSHIP				DBA: _____		MID RANK ORDER* (1,2,3...): _____				
*NOTE: ANY EXISTING MID WILL DEFAULT TO MASTER MID #1			EXISTING COMPANY RELATIONSHIP:				EXISTING MID: _____						
PHONE INFORMATION: ACCESS #:													
TRAINING REQUIREMENTS: (NO TRAINING DEFAULT) <input type="checkbox"/> NO TRAINING <input type="checkbox"/> TRAINING ONLY <input type="checkbox"/> DOWNLOAD ONLY <input type="checkbox"/> DOWNLOAD AND TRAINING													
CONTACT NAME:						CONTACT PHONE #:							
FUNDING													
FUNDING OPTION:						MONTHLY FEE: \$							
SECURITY PROGRAMS													
SECURITY PROGRAM: ▶						NON CLEAR & SIMPLE		DISCOUNTED FEE (MONTHLY): \$		STANDARD FEE (MONTHLY): \$			
(REMOVE EXISTING PCI MONTHLY FEE IF SAFE-T PROGRAM SELECTED)						CLEAR & SIMPLE		DISCOUNTED FEE (MONTHLY): \$		STANDARD FEE (MONTHLY): \$			

PRICING INFORMATION						PRICING PROGRAMS
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						MONETARY PROGRAM: AUTH PROGRAM: EQUIPMENT: 59999 MISCELLANEOUS: 59999 ADDITIONAL CARD HANDLING FEES INTERNATIONAL CARD HANDLING FEE (RATE): <div style="text-align: center; font-size: 1.2em;">%</div> <small>(CHARGED ON VISA, MC, DISCOVER, AMEX)</small> CARD ACCEPTANCE METHOD UPDATE CARD PRESENT _____ % CARD NOT PRESENT _____ % INTERNET _____ % TOTAL (MUST EQUAL 100%) ▶INTERNET : PRODUCT WEBSITE: ▶INTERNET: "CONTACT US" EMAIL: ▶CUSTOMER SERVICE PHONE #:
<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS	VISA RATE (%) + PER ITEM (\$)	MASTERCARD RATE (%) + PER ITEM (\$)	DISCOVER* RATE (%) + PER ITEM (\$)	UNIONPAY RATE (%) + PER ITEM (\$)	AMERICAN EXPRESS RATE (%) + PER ITEM (\$)	
QUALIFIED	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
MID QUALIFIED	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
NON-QUALIFIED	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
STANDARD	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
OTHER TIER	<input type="checkbox"/> CHECK CARD (T-opt/EIC-req)	<input type="checkbox"/> SPRMKT (T-opt/EIC-NA)	<input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)			
REWARDS TIER (T-opt / EIC-req)	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
COMMERCIAL CARD TIER (T-opt/EIC-req)	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
PASS THRU: <input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF	VISA RATE (%) + PER ITEM (\$)	MASTERCARD RATE (%) + PER ITEM (\$)	DISCOVER* RATE (%) + PER ITEM (\$)	UNIONPAY RATE (%) + PER ITEM (\$)	AMERICAN EXPRESS RATE (%) + PER ITEM (\$)	
MARKUP	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
<input type="checkbox"/> DIFFERENTIAL	VISA RATE (%) + PER ITEM (\$)	MASTERCARD RATE (%) + PER ITEM (\$)	DISCOVER* RATE (%) + PER ITEM (\$)	UNIONPAY RATE (%) + PER ITEM (\$)	AMERICAN EXPRESS RATE (%) + PER ITEM (\$)	
QUALIFIED	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
NON-QUALIFIED	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	____ % + \$ ____	
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE. **PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.						
AUTHORIZATIONS (PER OCCURRENCE)						
VISA	\$	UNIONPAY	\$	VOICE AUTH TOUCH TONE	\$	
MASTERCARD	\$	WEX	\$	VOICE- OPERATOR ASSISTED	\$	
DISCOVER	\$	DIAL COMMUNICATION	\$	VOICE – WITH AVS	\$	
AMEX	\$	OTHER:	\$	VOICE – BANK REFERRAL	\$	
PIN/PINLESS DEBIT						
<input type="checkbox"/> PIN DEBIT <input type="checkbox"/> PINLESS DEBIT						
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS)* <input type="checkbox"/> SURCHARGE (FLAT RATE)				AUTH : <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)		
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ____ % + \$ ____ AUTH \$ ____						
INTERLINK ____ % + \$ ____ AUTH \$ ____	MAESTRO ____ % + \$ ____ AUTH \$ ____	UPDBT ____ % + \$ ____ AUTH \$ ____	ACCEL ____ % + \$ ____ AUTH \$ ____			
AFFN ____ % + \$ ____ AUTH \$ ____	ALASKA ____ % + \$ ____ AUTH \$ ____	CU24 ____ % + \$ ____ AUTH \$ ____	NETS ____ % + \$ ____ AUTH \$ ____			
NYCE ____ % + \$ ____ AUTH \$ ____	PULSE ____ % + \$ ____ AUTH \$ ____	SHAZAM ____ % + \$ ____ AUTH \$ ____	STAR ____ % + \$ ____ AUTH \$ ____			
*A PIN/PINLESS DEBIT ENABLEMENT SERVICE PER ITEM FEE WILL BE BILLED BASED ON THE REQUIREMENTS FOUND IN THE COMPANY REPRESENTATIONS AND CERTIFICATIONS SECTION 5 FOR IC PLUS PRICING METHOD ONLY.						
OTHER CARD TYPES EXISTING						
AMEX SE # (10 DIGITS):	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)		
OTHER SE #:	PER AUTH: \$	OTHER SE #:	PER AUTH: \$	<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)		
OTHER VAS						
<input type="checkbox"/> DYNAMIC CURRENCY CONVERSION (DCC):		DCC Conversion Rate: ____ %	DCC Rebate: ____ %			
		Annual DCC Registration Fee: \$	DCC Exchange Rate Source: US Bank			
<input type="checkbox"/> 3D SECURE PER OCCURRENCE: \$			<input type="checkbox"/> MULTI-CURRENCY			
REPORTING TOOLS						
<input type="checkbox"/> ONLINE CASE MANAGEMENT ▶ MONTHLY FEE \$ ____ SETUP FEE \$ ____ # USERS ____ SET UP TYPE (ONE) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT						
<input type="checkbox"/> ACS MONTHLY FEE \$ ____ SETUP FEE \$ ____						
SIGNATURE						
BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN AND TO THE TERMS SET FORTH IN THE TERMS OF SERVICE (TOS) AND THE OPERATING GUIDE LOCATED AT OUR WEBSITE AT https://www.mypaymentsinsider.com/api/file/c/Terms_of_Service_English AND https://www.mypaymentsinsider.com/api/file/c/Operating_Guide_English , RESPECTIVELY.						
SIGNATURE _____		NAME & TITLE _____		DATE _____		

E-MAIL TO: ADDEQUIPMENTSERVICE@ELAVON.COM OR FAX TO: 1-866-548-6824 OR 1-865-403-5693