



APPLICATION COVER SHEET

NAME OF APPLICANT COMPANY	
APPLICANT COMPANY CONTACT NAME	
APPLICANT COMPANY CONTACT PHONE	
APPLICANT COMPANY CONTACT E-MAIL	
CHARITY APPLICANT WISHES TO SUPPORT	
CHARITY ADDRESS	
CHARITY CITY, ST, ZIP	
CHARITY CONTACT NAME	
CHARITY CONTACT PHONE	
CHARITY CONTACT E-MAIL	

RETURN COMPLETED APPLICATION TO:
 Foundation@AltorGivesBack.com

QUESTIONS:
 (757) 932-1417



Altor is an Elavon Payments Partner & Registered MSP/ISO of Elavon, Inc Georgia, a wholly owned subsidiary of **U.S. BANCORP**, Minneapolis, MN.

NEW COMPANY APPLICATION

1	COMPANY INFORMATION		
◆ DBA NAME:			
CONTACT NAME:			
◆ DBA ADDRESS TYPE: ◆ DBA ADDRESS1 (NO PO BOX):			
DBA ADDRESS 2:			
◆ CITY:	◆ STATE	◆ ZIP CODE:	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS:			
◆ BUSINESS COUNTRY OF FORMATION:		◆ DBA PHONE #:	
◆ EMAIL ADDRESS:		DBA FAX #:	
YEAR ESTABLISHED:		MOBILE PHONE #:	
◆ LENGTH OF CURRENT OWNERSHIP: YEARS, MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:		OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING	
CHARGEBACKS: <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO:		OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR MAIL TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING	
3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)		
◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %			<input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR
◆ ADDITIONAL BENEFICIAL OWNERS?	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE:	IF OTHER:
◆ FIRST NAME:	◆ MIDDLE NAME:	◆ LAST NAME:	
◆ ADDRESS TYPE:	◆ ADDRESS (NO PO BOX):		
◆ CITY:	◆ STATE/PROVINCE:	◆ ZIP/POSTAL CODE:	◆ COUNTRY:
◆ DOB:	◆ US PERSON:	◆ PHONE #:	
<i>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</i>			
▶ HOME ADDRESS:	▶ CITY:	▶ STATE:	▶ ZIP CODE:
▶ ID TYPE: SSN	▶ ID #:	▶ IF OTHER - ID TYPE:	
▶ IF OTHER ID #:	▶ IF OTHER ID - COUNTRY OF ISSUANCE:	▶ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT:	▶ ISSUING COUNTRY (IF APPLICABLE):	▶ ISSUING STATE (IF APPLICABLE):	
◆ DOCUMENT #:	▶ ISSUE DATE:	▶ EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. <input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH			
OTHER COMPANY INFORMATION			
◆ AVERAGE SALE AMOUNT: \$	<input type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT _____ %	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY:	<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* _____ %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$	<input type="checkbox"/> OMNI COMMERCE	INTERNET* _____ %	
◆ ANNUAL REVENUE: \$	▶ INTERNET : PRODUCT WEBSITE:		
◆ INDUSTRY TYPE:	▶ INTERNET: "CONTACT US" EMAIL:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED:	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW ▶ CUSTOMER SERVICE PHONE #: ▶ PREVIOUS PROCESSOR:		
SPECIAL PROGRAM MCC ONLY:			
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)			
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER

SUBSTITUTE FORM W-9

SOLE PROPRIETOR
 C CORPORATION
 S CORPORATION
 PARTNERSHIP
 UNINCORPORATED ASSOCIATION
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)
 GOVERNMENT
 TRUST
 ESTATE
 LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C= C CORPORATION, S= S CORPORATION P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME* :

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

LEGAL BUSINESS ADDRESS (NO PO BOX):

OR TIN (EMPLOYER ID #):

CITY: STATE: ZIP: OR TIN (SOCIAL SECURITY #):

5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. **The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document*.**

The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original. A PIN Debit Enablement Service Fee will be collected for any Interchange and Assessment savings generated through PIN Debit routing on your monthly PIN Debit transactions for Interchange Plus customers only. This monthly fee will be calculated from your actual PIN Debit transaction volume and will be a percentage of your overall PIN Debit cost savings. The PIN Debit Enablement Service Fee collected and the Interchange and Assessment savings will be reflected on your monthly statement.

* By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the above named Company, and the information provided about the beneficial owner(s) and/or the individual with control over the above named Company is complete and accurate.

SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:

6 PERSONAL GUARANTY

As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

SUBMITTED BY (SALES USE ONLY)

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. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X	PRINTED NAME:	REP ID #:	DATE:
REP PHONE #:	REP EMAIL:	ELAVON USA-MSP-ELV-1019	