

**STEP 1:**  
Enter your new Amex  
Merchant Number HERE

# MERCHANT AGREEMENT ADDENDUM AUTHORIZATION

## Service(s)

1.  **American Express:**  I have an Account # \_\_\_\_\_  I need an Account

Discount Rate: \_\_\_\_\_ % (Assigned directly by American Express)

Transaction Fee: \$0.25

American Express Monthly Flat Fee: \$7.95

(Mail order, telephone order, home-based and Internet physical delivery merchants are charged a flat fee of \$7.95 per month until merchants reach \$5,000 in charge volume within any consecutive 12-month period. If charge volume exceeds \$5,000 during this 12-month period, the pricing will automatically be adjusted to the discount rate applicable to the business type. Applies to on-line statements; paper statements may be subject to additional fees.)

For Retail and Restaurant Card Not Present Transactions, a 0.30% surcharge will be charged.

2.  **JCB:**  I have an Account # \_\_\_\_\_  I need an Account

Discount Rate: 3.35%

Transaction Fee: \$0.25

Monthly Acceptance Fee: \$5.00

Enter Business Information Below

## Merchant Information

Merchant DBA \_\_\_\_\_

Physical address \_\_\_\_\_

Merchant Account No. \_\_\_\_\_

(12 digits)

Merchant Store No. (6 digits) \_\_\_\_\_

Internet merchant — the following is required

URL (must be active) \_\_\_\_\_

E-mail \_\_\_\_\_

## Authorization and Agreement

Merchant warrants and represents that it has previously received, read and understood the Merchant Agreement. This Authorization Form shall be in addition to the terms contained in the Merchant Agreement, except as otherwise stated herein. Merchant understands that this Authorization Form is a request for additional services and will result in the imposition of additional fees as stated herein.

The Merchant understands that it is within First Data Independent Sales' sole discretion whether to accept the additions requested in this Authorization Form.

Except as stated herein, the terms of the Merchant Agreement entered into between the parties remains in full force and effect.

Enter Business  
Owner's Name

Sign Here

Enter Date  
Here

\_\_\_\_\_  
Print Name of Principal or Corporate Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Principal or Corporate Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please do not write below this line

FAX Number: (402) 916-6934 E-mail: merchant1@firstdata.com

Representative Name: \_\_\_\_\_

Ext: \_\_\_\_\_

Date: Thursday, November 05, 2009

**SUBMIT THE FORM**

Print and Fax

OR

Save and Email