

# AMS - MERRICK LOCATION ADDENDUM

<b>PRIMARY MERCHANT INFORMATION:</b>		<b>Location No:</b> 1	<b>Date:</b>
<b>Legal Name:</b>	Williamson County		<b>Bank Chain:</b> 101803
<b>Main Contact:</b>	Nancy Rister	<b>Title:</b> County Clerk	<b>Merchant Number:</b> 317730288406 <small>(Assigned Upon Approval)</small>

<b>LOCATION INFORMATION:</b>	
<b>DBA:</b> Williamson Co Clerk OTC	<b>Statement DBA (23 Chr. Max):</b> Williamson Co Clerk OTC
<b>Main Contact:</b> Chester Holten	<b>Email:</b> cholten@wilcon.org
<b>Title:</b> Recording Manager	<b>Phone #:</b> (512) 943-1515 <b>Fax #:</b> (512) 943-1616
<b>Location Address:</b> 405 MLK Street	<b>City:</b> Georgetown <b>ST:</b> TX <b>Zip:</b> 78626
<b>Mailing Address:</b> 405 MLK Street	<b>City:</b> Georgetown <b>ST:</b> TX <b>Zip:</b> 78626
<b>Customer Service Phone Number:</b> (512) 943-1515	<b>SIC:</b> 9399 <b>Sales Rep:</b> Nancy Murphy 1030
<b>Avg Ticket:</b> \$38.19 <b>Max:</b> _____ <b>Monthly Vol:</b> \$14,000.00	<b>Swipe %:</b> 85 <b>Keyed %:</b> 10 <b>MOTO %:</b> 5 <b>Internet %:</b> 0
<b>Merchant Products or Services Offered (be specific):</b> Recorder	
<b>Terminal / Payment Application:</b> Eagle Recorder	<b>Version:</b> _____
<b>Does Merchant Use Independent Servicer (store, maintain, or transmits cardholder data)?</b> _____ (if yes, provide the following)	
<b>Servicer / Payment App. Manufacturer:</b> BridgePay / Tyler Technologies	<b>Phone:</b> _____
<b>American Express (10 Digits):</b> _____ <input type="checkbox"/> Apply for American Express	
<b>Program: Service Fees: Account Name:</b> AMS*Service Fee <b>MID:</b> 730288422 <b>Rate:</b> 3.00% Service Fee with a \$2.00 minimum per transaction	

<b>SITE INFORMATION:</b>	
<b>Merchant Type:</b> Retail	
<b>Building Type:</b> Office Building	<b>Area Zoned:</b> Commercial <b>Square Footage:</b> More Than 10000 <b>Merchant:</b> Owns
<b>Landlord:</b> _____	<b>Contact:</b> _____ <b>Phone:</b> _____
<b>Fulfillment Co.</b> _____	<b>Contact:</b> _____ <b>Phone:</b> _____
<b>This Location is Open for Business:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Inspected By:</b> _____ <b>Date:</b> _____

<b>MOTO – ECOMMERCE QUESTIONNAIRE</b> <i>Complete if Processing Less Than 70 % Card Present</i>	
<b>Sell To:</b> Business: 0 % Public: 100 %	<b>Does the Merchant Own Product/Inventory?</b> _____
<b>Marketing:</b> _____	<b>Are Products Stored at the Business Location?</b> _____ If No, Where? _____
<b>Orders Processed by:</b> _____	<b>If Processing Internet Transactions (Please Complete The Following)</b>
<b>Cards Processed by:</b> _____	<b>Internet transactions encrypted by SSL or Better?</b> _____
<b>When is the cardholder Charged?</b> _____	<b>Digital Certificate Utilized?</b> _____ <b>Exp Date:</b> _____
<b>How many days to fulfill orders?</b> _____	<b>Certificate Number:</b> _____
<b>Shipped by:</b> _____	<b>Certificate Issuer:</b> _____
<b>Products Shipped by:</b> _____	<b>URL:</b> www.wilco.org
<b>Delivery Receipt Requested?</b> _____	

<b>DDA BANK ACCOUNT INFORMATION:</b>			
This area should be completed for Added/Subsequent locations with DDA other than main location. Please Include a Voided Check. If this is a "Deposit Only" account then a letter from the Financial Institution verifying Transit and Routing Number and DDA# is required.			
<b>Account Type:</b> C K	<b>ACH Deposit Routing/Transit #</b> _____	<b>ACH Deposit Account Number</b> _____	<b>Bank Name:</b> Wells Fargo
<b>Account Type:</b> C K	<b>ACH Fees Routing/Transit #</b> _____	<b>ACH Fees Account Number</b> _____	<b>Contact:</b> _____ <b>Phone:</b> _____

Merchant hereby authorizes Merrick and Automated Merchant Systems, Inc. to initiate credit and/or debit entries for amounts originating under the Merchant Processing Agreement (via ACH or otherwise) including any reversals or adjustments on original entries to the Merchant's Bank Account (as defined in the Merchant Processing Agreement).

**NOTE: Attach Voided Check**

The Merchant agrees to abide by the terms & conditions contained in the Merchant Processing Agreement signed on _____, provided, however, that the term of the Merchant Processing Agreement relating to the above-referenced Additional Location shall be for the same length of time as the initial Term (defined in the Merchant Processing Agreement), and such Initial Term for the Additional Location shall commence on the date signed by Officer/Owner, indicated below.			
_____	_____	_____	_____
Printed Officer/Owner Name	Signature	Title	Date

## Merrick Bank – Underwriting Checklist

Merchant ID: 317730288406 DBA Name: Williamson Co Clerk OTC

An Volume: Avg Tkt: \$ 38.19 MCC: 9399 Swipe % 85 MO/TO % 5 Internet % 0 Imprint % 10

☐ Low Volume-Low Risk ☐ High Volume-Low Risk ☐ Low Volume-High Risk ☐ High Volume-High Risk

### **Core Documentation Requirements for All Accounts:**

<input type="checkbox"/> Signed and Completed Merchant Application	<input type="checkbox"/> Signed Bank Disclosure
<input type="checkbox"/> Fee Schedule	<input type="checkbox"/> Personal Guarantee
<input type="checkbox"/> Preprinted Check or Bank Reference Letter	<input type="checkbox"/> Site Survey
<input type="checkbox"/> MATCH Inquiry	<input type="checkbox"/> OFAC query
<input type="checkbox"/> IRS TIN Matching	

☐ Credit Report(s) for Principal(s) with FICO or Beacon scores: Auto Approval: ☐ Yes ☐ No

### **Additional Required Documents for High Volume- Low Risk Accounts:**

<input type="checkbox"/> Business Financials	If N/A, check here →	<input type="checkbox"/> N/A (Volume less than \$1 Million Monthly)
<input type="checkbox"/> Business Credit Report		<input type="checkbox"/> N/A (May be required at discretion of the Bank)
<input type="checkbox"/> Personal Financial Statement	If N/A, check here →	<input type="checkbox"/> N/A (Business longevity exceeds 1 Year)
<input type="checkbox"/> Processing Statements		

### **Additional Required Documents for Low Volume-High Risk Accounts:**

<input type="checkbox"/> Articles of Incorporation	If N/A, check here →	<input type="checkbox"/> N/A (Sole Proprietorship or Partnership)
<input type="checkbox"/> Business Financials	If N/A, check here →	<input type="checkbox"/> N/A (Volume less than \$75,000. Monthly)
<input type="checkbox"/> Business Credit Report	If N/A, check here →	<input type="checkbox"/> N/A (Volume less than \$150,000. Monthly)
<input type="checkbox"/> MO/TO Questionnaire		<input type="checkbox"/> Brochures

### **Additional Required Documents for High Volume-High Risk Accounts:**

<input type="checkbox"/> Personal Financial Statement of Signor	<input type="checkbox"/> 3 Months' Bank Statements (Most current)
<input type="checkbox"/> 2 Months Processing Statements (Most current)	<input type="checkbox"/> Primary Supplier Reference (If applicable)
<input type="checkbox"/> Executive Summary	<input type="checkbox"/> Business Credit Report
<input type="checkbox"/> Business Credit Report on 'Fulfillment House'	<input type="checkbox"/> N/A (No Fulfillment House is used)

### **Internet Questionnaire**

Website(s): See Location Form for URL ☐ Website requirements printed out and placed with the file.

Secured Lock <input type="checkbox"/> Yes <input type="checkbox"/> No	Privacy Policy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Return Policy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Terms and Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
URL Re-directs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Site is Informational Only <input type="checkbox"/>
3 <sup>rd</sup> Party Software Name & Version: _____	PA or PCI DSS Compliant <input type="checkbox"/> Yes <input type="checkbox"/> No
Gateway: _____	PA DSS Compliant <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Merchant PCI DSS Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of QSA / ASV: Security Metrics

### **Unlawful Internet Gambling Enforcement Act (UIGEA)**

Prospective merchant presents minimal risk of engaging in Internet gambling ☒ Yes ☐ No

### **Comments and Signature Panel**

Waived Items: \_\_\_\_\_

(Print Name, Sign & Date)