

AMS - MERRICK LOCATION ADDENDUM

PRIMARY MERCHANT INFORMATION:		Location No: 2	Date:
Legal Name:	Williamson County	Bank Chain:	101803
Main Contact:	Nancy Rister	Title:	County Clerk
		Merchant Number:	317730288419 <small>(Assigned Upon Approval)</small>

LOCATION INFORMATION:	
DBA: Williamson Co Clerk WEB	Statement DBA (23 Chr. Max): Williamson Co Clerk WEB
Main Contact: Chester Holten	Email: cholten@wilcon.org
Title: Recording Manager	Phone #: (512) 943-1515
Location Address: 405 MLK Street	Fax #: (512) 943-1616
Mailing Address: 405 MLK Street	City: Georgetown
Customer Service Phone Number: (512) 943-1515	ST: TX
SIC: 9399	Zip: 78626
Sales Rep: Nancy Murphy 1030	
Avg Ticket: \$38.19	Max: _____
Monthly Vol: \$14,000.00	Swipe % 0
Keyed % 0	MOTO % 0
Internet % 100	
Merchant Products or Services Offered (be specific): Records	
Terminal / Payment Application: Eagle Recorder	Version: _____
Does Merchant Use Independent Servicer (store, maintain, or transmits cardholder data)? _____ (if yes, provide the following)	
Servicer / Payment App. Manufacturer: BridgePay / Tyler Technologies	Phone: _____
American Express (10 Digits): _____	<input type="checkbox"/> Apply for American Express
Program: Service Fees: Account Name: AMS*Service Fee	MID: 730288435
Rate: 3.00% Service Fee with a \$2.00 minimum per transaction	

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

MOTO - ECOMMERCE QUESTIONNAIRE		Complete if Processing Less Than 70 % Card Present
Sell To: Business: 0 % Public: 100 % Locally	Does the Merchant Own Product/Inventory?	YES
Marketing: _____	Are Products Stored at the Business Location?	YES
	If No, Where? _____	
Orders Processed by: Merchant	If Processing Internet Transactions (Please Complete The Following)	
Cards Processed by: Merchant	Internet transactions encrypted by SSL or Better?	YES
When is the cardholder Charged? Time of Order	Digital Certificate Utilized?	YES
How many days to fulfill orders? 1 - 7 Days	Exp Date: _____	
Shipped by: Merchant	Certificate Number: _____	
Products Shipped by: U.P.S.	Certificate Issuer: _____	Individual
Delivery Receipt Requested? NO	URL: https://www.wilco.com	

DDA BANK ACCOUNT INFORMATION:			
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.			
Account Type: C K	ACH Deposit Routing/Transit #	ACH Deposit Account Number	Bank Name: Wells Fargo
Account Type: C K	ACH Fees Routing/Transit #	ACH Fees Account Number	Contact: _____ Phone: _____
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: 317730288419 DBA Name: Williamson Co Clerk WEB

An Volume: Avg Tkt: \$ 38.19 MCC: 9399 Swipe % 0 MO/TO % 0 Internet % 100 Imprint % 0

☐ 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 rd 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)