

New Account or Add Location Setup Form

1 COMPANY INFORMATION

DBA:			
Contact Name:	Imaging Mid: UM TREASURY TO PROVIDE		
DBA Address Type: Business	DBA Address: (No PO Box):		
DBA Address 2:			
City:	State:	Zip:	
Country of Primary Business Operations: USA	DBA Phone #:		
Country of Formation: USA	DBA Fax #:		
Year Established 1925	Mobile Phone #:		
Length of Current Ownership: 94Years, Months	Email Address:		
Other Address (if different from above)			
<input type="checkbox"/> DBA <input checked="" type="checkbox"/> Billing <input type="checkbox"/> W-9 <i>See also Special Instructions (more than one option may be selected)</i>			
Location Name: University of Miami			
Contact: JEFFREY BOONE			

2

Address: 1320 SOUTH DIXIE HIGHWAY SUITE 1230 (LOCATION CODE 2956)	City: CORAL GABLES	State: FL
Zip: 33146		

Statement/Retrievals/Chargebacks

STATEMENTS: <input type="checkbox"/> DBA or <input checked="" type="checkbox"/> Billing or <input type="checkbox"/> W9 Auto Send Choose an item. <i>(Chain companies only – must include chain setup form)</i> Electronic Choose an item.			
RETRIEVALS: Mail To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> Billing or Fax To:	or Email To:	<input type="checkbox"/> OCM (Online Case Management)	
CHARGEBACKS: Mail To: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> Billing or Fax To:	or Email To:	<input type="checkbox"/> OCM (Online Case Management)	

3

PRINCIPAL 1 INFORMATION *(Include all additional owners with 25% or greater ownership (Individual or Intermediary Business) on the Additional Ownership Form)*

<input type="checkbox"/> Beneficial Owner Percentage of Ownership %	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Sole Proprietor	
Additional Beneficial Owners? No	<input type="checkbox"/> Responsible Party	Title: Choose an item.	If other: PCI Compliance Manager
First Name: DAYMA	Middle Name:	Last Name: BLANCO	
Address (No PO Box): 1320 SOUTH DIXIE HIGHWAY SUITE 1230 (LOCATION CODE 2956)			
Address Type: Residential			
City: CORAL GABLES	State/Province: FL	Zip/Postal Code: 33146	Country: USA
DOB:	US Person? Yes	Phone #: 3052841667	
Previous Address if Current Address is Less Than 2 Years			
Home Address:	City:	State:	Zip:
ID Type: Choose an item.	ID #:	If Other, ID Type: Choose an item.	
If Other ID #:	If Other ID – Country of Issuance:	If Other Govt Iss – ID Name:	

INDIVIDUAL VALIDATION DOCUMENTATION

Identification Document:	Document Type:	Doc ID #:	Doc Issue Date:	Doc Exp Date:
Iss Country (if applicable):	Iss State (if applicable):			
<i>Principal Address Matches The Address On The Primary Identification Document Above Unless Noted. <input type="checkbox"/> Alternate Doc Included if No Address Match</i>				

PRINCIPAL 2 INFORMATION *(Include all additional owners with 25% or greater ownership (Individual or Intermediary Business) on the Additional Ownership Form)*

<input type="checkbox"/> Beneficial Owner Percentage of Ownership %	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Sole Proprietor	
Additional Beneficial Owners? Choose an item.	<input type="checkbox"/> Responsible Party	Title: Choose an item.	If other:
First Name:	Middle Name:	Last Name:	
Address (No PO Box):		Address Type: Choose an item.	
City:	State/Province:	Zip/Postal Code:	Country:
DOB:	US Person? Choose an item.	Phone #:	
Previous Address if Current Address is Less Than 2 Years			
Home Address:	City:	State:	Zip:
ID Type: Choose an item.	ID #:	If Other, ID Type: Choose an item.	
If other ID #:	If Other ID – Country of Issuance:	If Other Govt Iss – ID Name:	

INDIVIDUAL VALIDATION DOCUMENTATION

Identification Document:	Document Type:	Doc ID #:	Doc Issue Date:	Doc Exp Date:
Iss Country (if applicable):	Iss State (if applicable):			

Principal Address Matches The Address On The Primary Identification Document Above Unless Noted. Alternate Doc Included if No Address Match

4

BANK ACCOUNT (Checking Accounts Only)

FAST TRACK FUNDING **MONTHLY FEE:**

Deposit Bank Name: Bank of America, N.A. ABA/Routing #: 063100277 DDA Account #: 1595590825 Tape ID: 33

Mid-Level Chain Level ACH

Billing Bank Name (if different from deposit): Bank of America, N.A. ABA/Routing #: 063100277 DDA Account #: 1595590825 Tape ID: 33

Mid-Level Chain Level ACH Invoice

Chargeback Bank Name (if different from deposit): Bank of America, N.A. ABA/Routing #: 063100277 DDA Account #: 1595590825 Tape ID: 33

Mid-Level Chain Level ACH Invoice

5

BUSINESS VERIFICATION

Document Validation Type: Choose an item. Issuing State/Province: Issuing Country:

Document #: Issued Date: Expiry Date:

LEGAL VERIFICATION

Document Validation Type: Choose an item. Evidence of Legal Status Choose an item. Issuing State/Province:

Issuing Country: Document #: Issued Date: Expiry Date:

6

W-9 Information (A Separate W8BEN is required for Non US Citizens/Entities/Residents)

Sole Proprietor C Corporation Private Co Closely Held Publicly Traded S Corporation Partnership LLC

General Partnership Unincorporated Assoc.

Tax Exempt Organization (including Supporting Docs) Government Trust Estate

Limited Liability Company – Tax Classification (D=Disregarded Entity, C=C Corporation, S=S Corporation, P=Partnership):

Legal Name: University of Miami Legal Address Type: Business

Legal Business Address (No PO Box): 1320 south dixie highway TIN (Employer ID#)/ BEN (Business Number): 590624458

City: CORAL GABLES State: FL Zip: 33146 TIN (Social Security #):

7

OTHER COMPANY INFORMATION

Average Sale Amount: \$ Card Present: %

High Sale Amount: \$ Card Not Present* %

Number of High Sales (Above) Annually: Internet* %

Total MONTHLY Visa/MC/Amex/Disc/Union Pay Sales: \$ (Must Total 100%)

Annual Revenue: \$

Description of Product or Service? Internet: Product Website:

Internet: "Contact Us," Email:

If Not Same Day, # of Days (Include Shipping Time Frames)*Customer Service Phone # and Previous Processor Required Below :

Customer Service Phone #: Previous Processor:

CARD ACCEPTANCE (Please check each card you wish to accept)

PRICING CATEGORY

ALL VISA/MASTERCARD/UNION PAY RETAIL Restaurant

VISA CREDIT VISA DEBIT MC CREDIT MC DEBIT UNION PAY MOTO Lodging

Other Card Types ECOMMERCE

Amex: SE# (10 Digits): PENDING FROM AMEX Amex Opt Blue: Choose an item.

Discover SE#: ORDER Discover Acquirer: Yes

PayPal:

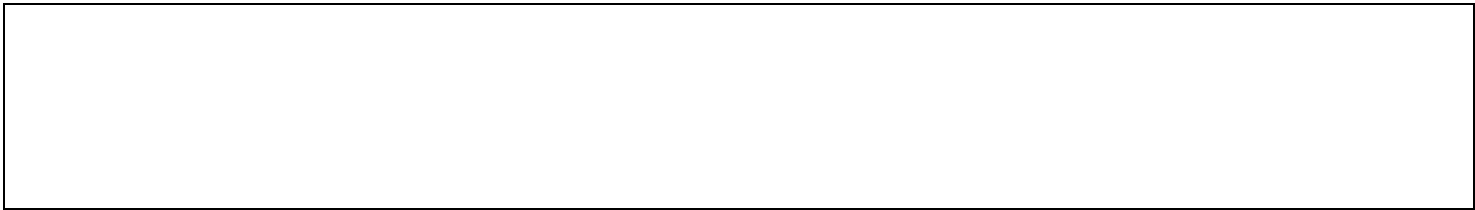
Added Value Services

Electronic Check Service: No (if yes, attach addendum)

Electronic Gift Card: Choose an item. (if yes, attach addendum)

CONVERGE W/TOKEN VAULT Choose an item.

Comments: (please add comments here if any special setup is required regarding equipment, software, or Added Value Services that is not listed above.)



NATIONAL