FAX COVERSHEET

Vers. 2019.1

SUBMIT PAPERWORK TO: FAX: 1-866-933-3608 OR

EMAIL: FAX@MAINSTREAM.COM



DATE:	
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ADDITIONAL SERVICES PAPERWORK

AGENT #:	AGENT NAME:	
CUSTOMER NAME:		
MERCHANT NAME:		
MERCHANT#:		
OLA ID#:		
MERCHANT WEBSITE AD	DRESS: www	
TYPE OF SUBMITTAL:	PROCESS A NEW ADDITIONAL CUSTOMER MERCHANT	○ UPDATE TO ADDITIONAL OCHANGE OWNERSH
IF THIS IS A CHANG	E OF OWNERSHIP, LIST PREVIOUS MERCHAN	NT#
	PAPERWORK	K ATTACHED
MERCHANT TRA	INSACTION PROCESSING AGREEMENT	ADDITIONAL SERVICES FORM
O VOIDED CHECK	(MUST BE PREPRINTED) OR BANK LETTER	ADDITIONAL EQUIPMENT FORM
○ RECENT STATEM	MENT (WITHIN THE LAST 3 MONTHS)	O VALUTEC OR FACTOR4 GIFT CARD FORMS
COPY OF PROFI	T CALCULATOR	CASH ADVANCE / LOAN FORMS
EQUIPMENT PRO	OGRAMMING FORM	CHECK SERVICE FORM
TERMINAL PLAC	EMENT AGREEMENT	BANK ACCOUNT CHANGE FORM
IRS FORM W-9		
FINCEN FORM		
O PAYMENT FORM	1	
NOTES:		



ADDITIONAL SERVICES FORM

Sales Order#	

vers.	. 2019.1							
MERCHANT INFO	Select only ONE opt New MainStrea Merchant Name *Mus	m Merchant:	nt name used on	the Merchant Transa	action Processing Agree	ement		
	Existing Mainsti	eam Merchant:						
HAI	Merchant Name							
JER C	Merchant#							
_	Existing Mainsti	room torminal:						
	Terminal #	cam terrimar.						
M/A	MainStream Assur	Decline	Merchant C Initials	Free Supplies a Equipment Rep /Termin	acement al/Month		minal/Mo	Overnight Equipment Replacement / Terminal/Month
×	New American I	Express OptBlue	Annual AN	MEX Volume \$		Avg. Tid	cket \$	
AMEX	Existing America	an Express Direct (ESA	Direct SE	# [Mercha	nt Cap #	
	<u> </u>		<u> </u>					
OPTBLUE COST PLUS	Rate Per Item \$ Interchange & Ass AMEX Support Fee	essments: Pass-Through	OPTBLUE TIERED	AMEX O Tier 1 Tier 2 Tier 3 Per Item	ptBlue AMEX Support Fee .10	% % % 	AMEX ESA	American Express Direct (ESA) Item Fee: \$. Per Transaction
ОТНЕК	Wireless Data Plan Fee Wireless Item Fe Virtual/Mobile Terminal Fee	\$	Per Month/Ter Per Transactio Per Month/Loc	Add Swip Cash	eSimple \$	Per Month Per/per month Per Month Per/per month	MISCELLANEOUS	\$ Per Month \$ Per Trx
				Regis	eSimple \$ ster d'I User ID's / \$5 per use	Per Month		
	Activate Debit		0 /	Activate EBT) Valu	tec (Refer to Valutec paperwork for their pricing)
DEBIT	Debit Item Fee Network F	e \$	<u> </u>	EBT Item Fee \$		GIFT	Activ Facto	



PAYMENT FORM

Sales Order #

Vers. 2019.1

Le	gal Nai	me		
EQUIPMENT	Ter	minal minal Pad ner	Manufacturer/Make/Model	Qty
PAID IN FULL		Paid by	ACH (Bank Routing #) (Checking Account Number) Credit Card (Credit Card #) (Expiration Date)	Equipment Price \$ Tax \$ Application Fee \$ Other \$ Total Due \$
PAID BY INSTALLMENTS		Paid by Paid by Note:	(Bank Routing #) (Credit Card (Credit Card #) (Credit Card #) (Expiration Date) The down payment is due immediately. Remaining installment payments (up to 3) will be ted by ACH in 30-day increments from the date of this agreement. Certain products are d to a single installation payment after the down payment.	Equipment Price \$ Tax \$ Application Fee \$ Other \$ Total Due \$ Down Payment \$ Net Due \$ # of Additional Installation Payments Installment Payment Amount \$
OTHER				Total Fee \$
SIGNATURE	above		ned hereby authorizes Mainstream Merchant Services, Inc. to electronically draft via the Federal Aut applicable, all installment payments from the account identified by Customer herein or have the fees significant (Printed Name)	