## Bank of North Dakota

## MERCHANT ACCOUNT APPLICATION BANK OF NORTH DAKOTA

<b>RETAIL &amp; CUSTOMER SERVICE</b>
SFN 59600 (08-2024)

Request Type  New Merchant Account Add Terminal ID		Merchant ID (MID) (for existing accounts)					
Merchant DBA (Doing Business As) Name	Receipt and Statement Name (24 characters)						
Merchant Physical Address	City			State	ZIP Code		
Mailing Address (if different)	City			State	ZIP Code		
Merchant Legal Name State of North Dakota Other-Specify:				Tax Identification (ID) Number			
Primary Merchant Contact Name (authorized to open and update merchant accounts)							
Primary Contact Telephone Number	Primary Contact Email Address						
DBA Contact Name (receives statements and notices)							
DBA Contact Telephone Number	DBA Contact Email Address						
Customer Service Telephone Number (prints on receipt)	Customer Service Email Address						
Chargeback Contact Name	Chargeback Email Address						
Primary Payment Card Industry (PCI) Compliance Contact Name	Primary PCI Compliance Email Address						
Secondary PCI Compliance Contact Name	Secondary PCI Compliance Email Address						
PCI Compliance Complete New Self Assessment Questionnaire (SAQ)	Add to existing PCI SAQ (must use same processing method)			er			
SALES INFORMATION							
Type of Business	Type of Merchandise Sold and/or Services Rendered						
Credit Cards Accepted  Visa MasterCard Discover American Express-New American Express-Existing, SE Number:							
Estimated Annual Visa/MasterCard/Discover/AmEx Sales Volume	Average Ticket Amount Highest Ticket Amount			ount			
BND Account Number Settlement will Deposit Into*	BND Account Number Fees will be Withdrawn from						
* If new, also complete SFN 61396 - Retail Account Application							
PAYMENTS TAKEN IN ADVANCE  Payments Taken in Advance of Goods/Services Received  No Yes - see additional fields	If Yes, List Percentage of Total Sales Accepted in Advance						
Breakdown of Payments Taken in Advance (must equal 100%) 1-7 Days: % 8-14 Days: % 15-30 Days:	` ' '						
RE-OCCURRING BILLING							
Re-Occurring Billing  No Yes - see additional fields	If Yes, List Percentage of Total Sales Billed on a Re-Occurring Basis %						
Billing Frequency Breakdown (must equal 100%) 30 Days: % 60 Days: % 90 Days: % Annually: % Other: %							

## PERCENT OF TRANSACTIONS

PERCENT OF TRANSACTIONS								
Accepted on Your Website %	Card is Swiped/Inserted %	Card is Presen %	t but Keyed	Mail/Phone Order %				
Method of Payment Entry		<u> </u>						
☐ Credit Card Terminal ☐ Poir	nt of Sale System/Card Rea	der	aff  Online by C	ustomer				
Website Address (where payments are	e entered)							
Additional Information								
PROCESSING METHOD								
☐ 1. Credit Card Terminal								
Order Options								
· ·	ounter terminal) - must be co	onnected over IP (\$29	99.00/terminal)					
Quantity Term	inal Batching Option	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	☐ Manual ☐ Auto Close-Indicate Time:							
Ingenico Move 5000 (w	rireless terminal) (\$399.00/t	erminal)						
l — — — — — — — — — — — — — — — — — — —	ection		st use secure networ	k)				
	Cellular (AT&T setup by Cl	hase) 🗌 Ethernet	(requires \$110.00 col	mmunications base)				
Chase Mobile Checkout App and Reader (must have agency-owned device) (\$49.95/reader)								
Quantity								
│								
Quantity								
2. Point of Sale System/E-Com	<del>-</del>	•		•				
Payment System (point-of-sale or e-commerce system that collects customer information and payment data)								
Certified To								
Chase Paymentech-Tampa TSYS Not Certified/Requires Gateway, complete below								
Payment Gateway (certified gateway that authorizes transactions and transmits payment data from payment system to credit card								
processor)								
	<u>,                                     </u>	orize.net* Othe	er:					
	Capture Type  Connectivity Method							
Host Terminal IP/Frame NetConnect*								
*If selected, provide contact and email below.								
Contact	Contact Email Address (where credentials will be sent)							
3. Paymentus	I							
Model								
Convenience Fee Mod	el Absorbed Fee N	/lodel □ Hvbrid	Fee Model					
I certify that everything that I have stated in this application and on any attachments is correct. Bank of North Dakota may keep this application whether or not it is approved.								
Signature				Date				
BND USE ONLY								
Received Submitted	Equipment Ordered	Setup Complete	MID Assigned	Terminal ID(s) Assigned				