BANK OF NORTH DAKOTA RETAIL & CUSTOMER SERVICE SFN 59600 (07-2021)

Request Type New Merchant Account Add Terminal ID/Account Mai		ant ID (MID) (for existing	accoui	nts)	
Merchant DBA (Doing Business As) Name		Nama (24 a	pharacters)			
Merchant DBA (Doing Business As) Name	Receipt and Statement	Name (24 C	maraciers)			
Merchant Physical Address	City			ate	ZIP Code	
Mailing Address (if different)	City		St	ate	ZIP Code	
Merchant Legal Name	Tax Identification (ID) Number					
State of North Dakota Other-Specify:						
Primary Merchant Contact Name (authorized to open and update merch	hant 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)	ment Questionnaire (SAQ) Add to existing PCI SAQ (must use same processing method) Link to MID Number					
Sales Information						
Type of Business	old and/or S	Services Ren	dered	l		
Credit Cards Accepted Visa MasterCard Discover American Expres	s-new	xpress-exis	ting, SE Nun	nber:		
Estimated Annual Visa/MasterCard/Discover/AmEx Sales Volume	Average Ticket Amount Highest 1		Highest Tick	Ticket Amount		
BND Account Number Settlement will Deposit Into*	BND Account Number Fees will be Withdrawn from					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					vance	
Breakdown of Payments Taken in Advance (must equal 100%)						
1-7 Days: % 8-14 Days: % 15-30 Days:	% >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 Billing					Occurring Basis	
Billing Frequency Breakdown (must equal 100%)	<u> </u>					
30 Days: % 60 Days: % 90 Days:	% Annually:	% Othe	er: %			

Percent of Transactions

Mail/Phone Order %	Accepted on Your Website	Ca	ard is Swiped/Inse	erted	Card is Present bu	ut Keyed
Method of Payment En	try				<u> </u>	
☐ Credit Card Term	inal Point of Sale System/Card	d Reader 🔲	Online by Staff	Online	e by Customer	
Website Address (where	e payments are entered)					
Additional Information						
Processing Method						
1. Credit Card Te	erminal					
Order Options						
	ew - Ingenico Desk 5000 (counter ter	<i>minal) -</i> must	be connected over	er IP	_	
Quantit	·	Close-Indicate	o Timo:			
		Ciose-indicate	e illie. 			
Ingenico Connec	Move 5000 (wireless terminal)					
	liFi (must use secure network)	☐ Cellu	ular <i>(AT&T setup</i>	bv Chase)		
	Mobile Checkout App and Reader <i>(mu</i>		<u> </u>			
—	ew - Other	ioi navo agom	ioy owned dovice,	,		
	Make and Model				Quantity	
Specify	iviake aliu iviouei				Quantity	
Move Options						
	kisting Terminal					
	Existing Make and Model	MI	ID Number		TID Number	
		•				
2. Point of Sale S	System/E-Commerce Payment Gate	eway (confirm				
Application/Sc	ftware/Gateway Name	Version		Capture Typ		
				☐ Host	Terminal	
Certified To	Ocumentach Temps TSVS	Connectivity	-	nnaat		
Chase P	Paymentech-Tampa TSYS	☐ IP/Fra	ame NetCo	onnect		
3. PayConnect*	(convenience fee model)					
	ete Project Charter					
I certify that everyth	ning that I have stated in this appl	ication and c	on any attachme	ents is corr	ect. Bank of Nor	th Dakota may
	n whether or not it is approved.		•			•
Signature					Date	

For BND use only

Received	Submitted	Equipment Ordered	Setup Complete	MID Assigned	Terminal ID(s) Assigned