



This document evidences your application for registration as an Agent of the trademark(s) specified in your Agent Agreement. When this document together with all required documents listed in the Agent Registration Instructions is approved, a verification of registration will be sent to you. Registration shall continue only so long as your Agent Agreement remains in effect. Upon termination of that Agreement, this registration and any consents given by Licensor for your sales representatives to use the trademark(s) shall cease immediately.

Please complete all information legibly. Missing or illegible information will delay the registration process.

BUSINESS INFORMATION

Legal Name of Company				
Fictitious name (DBA) of Company (pending corporate approval)				
Form of Entity: Check only one <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other				
Date Established (mm/dd/yy)		Taxpayer Identification Number		If Agent is a Corporation or a Limited Liability Company, Name the State in Which it is Registered
Agent Name		Business Phone Number ()		Business Facsimile ()
Physical Address		Unit #	City	State Zip
Billing Address (<input type="checkbox"/> same as primary)		Unit #	City	State Zip
Shipping (<input type="checkbox"/> same as primary)		Unit #	City	State Zip
Agent Personal E-mail (Sensitive Agent Only Communication)			Agent Office URL	

List name (s) of all Principal owner(s), position held with company and percentage of ownership (must add up to 100%).

Name	Position Held	Ownership Percentage

PERSONAL INFORMATION

Last Name	First Name	Initial	Date of Birth	Social Security Number	Home Phone ()
Address		Unit #	City		State Zip
Driver's License Number			State Issuing Driver's License/License Expiration Date		
Do you have any relatives working for or applying for registration with this agent office, any other agent office, Banc Certified Merchant Services, LLC. doing business as BCMS Independent Sales)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name (s):			How were you referred to BCMS?		
Have you ever registered, been employed by or contracted with this agent office or any agent office, or BCMS? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, when? _____ Which office? _____					

Have you used any name other than the name you are currently using?

No Yes If yes, please list:

Have you ever been convicted of a felony? No Yes

If yes, please explain in detail as to time, nature, and number of convictions (use a separate sheet of paper).

Have you ever been convicted of a misdemeanor? No Yes

If yes, please explain in detail as to time, nature, and number of convictions (use a separate sheet of paper).

An affirmative answer to any of these questions may not necessarily disqualify you from consideration for registration.

IDENTIFY ALL LITIGATION THAT YOU HAVE BEEN A PARTY TO FOR THE PAST FIVE YEARS WHERE YOU HAVE BEEN NAMED AS A **DEFENDANT** AND THE AMOUNT DEMANDED WAS IN EXCESS OF \$5,000.00. (Please attach an additional sheet if necessary.)

Date Lawsuit Filed	Court in Which Lawsuit Was Filed	Case Name	Case Number
Final Disposition of the Matter (if any)			

IDENTIFY ALL LITIGATION THAT YOU HAVE BEEN A PARTY TO FOR THE PAST FIVE YEARS WHERE YOU HAVE BEEN NAMED AS A **PLAINTIFF** AND THE AMOUNT DEMANDED WAS IN EXCESS OF \$5,000.00. (Please attach an additional sheet if necessary.)

Date Lawsuit Filed	Court In Which Lawsuit Was Filed	Case Name	Case Number
Final Disposition of the Matter (if any)			

HAVE YOU EVER FILED FOR BANKRUPTCY? NO YES IF YES, COMPLETE THE INFORMATION BELOW.

Case Name	Case Number
Location Case Was Filed	Date Case Was Filed

HAS AGENT REPRESENTED ANY OTHER CREDIT CARD AND/OR ELECTRONIC PAYMENT PROCESSING COMPANY IN THE PAST? NO YES IF YES, COMPLETE THE INFORMATION BELOW. (Please attach an additional sheet if necessary.)

Name of Processor	Dates of Representation	Name of Processor	Dates of Representation
-------------------	-------------------------	-------------------	-------------------------

IS AGENT PROHIBITED IN ANY MANNER, BY A NON-COMPETITION AGREEMENT OR OTHERWISE, FROM HOLDING THE CONTEMPLATED LICENSE OR ACTING ON BEHALF OF LICENSOR? NO YES IF YES, PLEASE DESCRIBE IN DETAIL BELOW.

IS AGENT OR ANY OFFICER, DIRECTOR, EMPLOYEE, AGENT OR REPRESENTATIVE OF AGENT, PRIVY TO ANY TRADE SECRETS OR OTHER CONFIDENTIAL INFORMATION CONCERNING ANY COMPETITOR OF LICENSOR? NO YES (Answer yes or no only)

1. I certify that all information provided on this application is correct to the best of my knowledge. I understand that willful omission or deliberate falsification of information on this application may result in my failure to receive an approval of registration or, if I am registered, immediate termination of my registration.
2. I authorize Banc Certified Merchant Services doing business as BCMS and/or any third party vendor of BCMS choosing to obtain all information concerning me from previous employers, schools, DMV, credit reporting agencies, and others. I release BCMS, its employees and representatives and/or any third party vendor of BCMS' choosing from all liability for any damage resulting from information furnished by them. I understand under Ohio law, I have the right to receive a copy of my credit report directly from the credit bureau.
3. I declare under penalty of perjury under the laws of the State of Ohio and of the state in which my agent's place of business is located, that all of the information contained in this registration form is true and correct.
4. I hereby acknowledge and understand that the Agent Office referenced above is a separate and distinct legal entity from BCMS.

For purposes of clarification, **I hereby acknowledge and understand that this registration form does not constitute an application for employment with BCMS and that upon approval of this registration application. I will not be deemed an employee of BCMS.**

I have read and understand the above and authorize BCMS to perform the above investigations.

Principal or Corporate Officer (Please Print)

Principal or Corporate Officer (Please Print)

Signature

Signature

Date

Date