



MERCHANT MEMBERSHIP APPLICATION

Please Print Legibly and Fill Out Completely

MERCHANT INFORMATION			
Company Legal Name (the Applicant):			
Doing Business As (dba) Name (if different):			
Phone:	Fax:	Website:	
Registered Company Mailing Address:			
City:	State:	ZIP Code:	
Merchant ID:	Merchant Category Code:	Merchant Country Code:	
Company Billing Address (if different than above):			
City:	State:	ZIP Code:	
Primary Business Contact (Name & Title):			
Contact Phone:	Contact Cell:		
Contact Email:			
Type of Legal Entity:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Company <input type="checkbox"/> Limited Liability (LLC)	Number of Business Locations:	
ADDITIONAL LOCATIONS			
Name*	Address	MID	
*Each location must have a unique name			
BILLING INFORMATION			
Bank Name:			
City:	State:		
Bank Account Number:	Type of Account:	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
Bank Routing (ABA) Number:			
Credit Card Number:	Expiration Date:		
CREDIT CARD PROCESSING INFORMATION			
Merchant ID Numbers (MID's):			
Name of Credit Card Processor:		Name of Acquiring Bank:	
SERVICES AND FEES			
Base Transaction Fee:	6.0% of the amount of all sales from applicant's customers who use registered bankcards for credit or signature debit transactions. This is in addition to the cash value of the promotional offers.		
Optional Fee for Including Gift Card as a Redemption Item:	\$100.00 Setup Fee		
APPLICATION AND ACKNOWLEDGEMENT			
APPLICANT hereby applies to RewardsNOW, Inc. to become a participating merchant in the Shop Main Street SM program (the "Program"). APPLICANT acknowledges that it has reviewed, and agrees to be bound by, the terms and conditions of the Program as set forth on the Program website at www.shopmainstreet.com , as amended from time to time.			
Authorized Signature: _____	Title: _____		
Print Name: _____	Date: _____		

Sales Rep. Name _____ Sales Rep ID #: _____ Telephone Number: _____