

CALEDON CARD SERVICES MERCHANT SETUP FORM

Please complete all fields, print, sign and fax to 905-702-9907

COMPANY INFORMATION

| | | | | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|--|--|
| Company Name: | | | | | | | | | | |
| DBA*: | | | | | | | | | | |
| Address : | | | | | | | | | | |
| City: | | | | | | | | | | |
| | Province: | | | | | | | | | |
| | Postal/Zip Code: | | | | | | | | | |
| Main Telephone #: | | | | | | | | | | |

* Description to appear on your customer's credit card statement.

CONTACT INFORMATION

| | | | | | | | | | | |
|----------------|--------|--|--|--|--|--|--|--|--|--|
| Admin Contact: | | | | | | | | | | |
| Telephone #: | | | | | | | | | | |
| | Fax #: | | | | | | | | | |
| Email Address: | | | | | | | | | | |

| | | | | | | | | | | |
|--------------------|--------|--|--|--|--|--|--|--|--|--|
| Technical Contact: | | | | | | | | | | |
| Telephone #: | | | | | | | | | | |
| | Fax #: | | | | | | | | | |
| Email Address: | | | | | | | | | | |

Please note: If your technical contact is an outside source, you are authorizing Caledon to provide information regarding your setup and transaction processing details. We recommend that you have your technical support contact sign a non-disclosure agreement.

MERCHANT INFORMATION

Currency (please check one): CDN Funds USD Funds

| Card Type | Acquirer | Merchant # | Transit # | Bank Account # |
|------------------------|----------|------------|-----------|----------------|
| Visa | | | | |
| Mastercard | | | | |
| Amex | | | | |
| Other – please specify | | | | |

| | |
|------------------------------|--|
| Merchant GST Registration #: | |
|------------------------------|--|

CREDIT CARD ACCEPTANCE (Please check one method per Terminal ID setup)

- | | |
|---|--|
| <input type="checkbox"/> Cardholder Activated Terminal – Fuel <input type="checkbox"/> Cardholder Activate Terminal – Parking <input type="checkbox"/> Electronic Commerce <input type="checkbox"/> In-Store POS Integrated Device | <input type="checkbox"/> In-Store POS Device – Stand Alone Terminal <input type="checkbox"/> IVR – Interactive Voice Response <input type="checkbox"/> Mail Order/Telephone Order <input type="checkbox"/> Recurring Payments |
|---|--|

SETTLEMENT

Please provide an email address for report delivery if Caledon is automatically settling transactions on a daily basis for this account

| | |
|--------------------|--|
| Email Address(es): | |
| | |

We hereby irrevocably authorize and direct Caledon Card Services (a division of Caledon Computer Systems, Inc.) to act on our behalf to confirm Merchant IDs and establish Terminal IDs through the bank. We consent to the collection, use and disclosure of this information to facilitate the setup for Electronic Draft Capture of credit card charges.

| | |
|------------|--|
| Name: | |
| Signature: | |
| Date: | |

