



Merchant Account # _____

Agent # _____ Sales Director _____

Agent Initials

- ☐ Business Change Form
☐ Equipment Add On
☐ FT Addendum
☐ Rate Change Addendum

ADDENDUM TO EXISTING MERCHANT AGREEMENT

GENERAL INFORMATION	Legal Business Name: (As it appears on the IRS Tax Return)		Doing Business As Name: (As it appears on the receipts)	
	Legal Address:		DBA Address: (Street Address other than PO Box)	
	City/State/Zip: ☐		City/State/Zip:	
	Contact Name:	DBA Business Phone:	Shipping Destination Preference: ☐ Legal Address ☐ DBA Address ☐ Agent ☐ Other (please fill in below)	
	Business E-Mail: (Required)		Business Website:	

REVISED INFORMATION	Legal Business Name: (This field cannot be modified without a new application) XX		Doing Business As Name: (As it appears on the receipts)	
	Legal Address:		DBA Address: (Street Address other than PO Box)	
	City/State/Zip:		City/State/Zip:	
	Contact Name:	DBA Business Phone:	Business E-Mail: (Required)	

EQUIPMENT	Equipment: ☐ ☐ Other _____ ☐ PAX S920 (Wireless) ☐ PAX S80 (IP) ☐ Purchase: \$ _____ ☐ Swap: \$ _____	GENIUS Make: _____ Model: _____ Qty: _____ Make: _____ Model: _____ Qty: _____ Genius TSEP Features One TSEP TID/fee required to enable one or more features ☐ Invoicing: Setup \$ _____ Monthly \$ _____ Per Item \$ _____ ☐ Order Ahead: Setup \$ _____ Monthly \$ _____ Per Item \$ _____ ☐ Virtual Term.: Setup \$ _____ Monthly \$ _____ Per Item \$ _____ Total Monthly Fees: \$ _____ By Signing below, merchant agrees to POS terms & conditions found at www.tsys.com/documents	Functions: Build with internal Pin Pad for Pin Debit ☐ Tipline ☐ Server Number ☐ Tip Prompt ☐ Invoice Numbers ☐ PIN Debit ☐ Gratuity Guide ☐ EBT # _____ ☐ CVV2 Prompt ☐ Quick Serve ☐ Cash Benefits ☐ Auto Close at _____ ☐ Surcharge * *Merchant must adhere to program guidelines	Shipping: ☐ Priority Overnight ☐ Overnight ☐ 2-Day Express ☐ 3-Day Express ☐ Ground
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FT PROGRAM	The undersigned MERCHANT agrees to pay Shipping & Handling on the initial shipment if the designated FT equipment below. Upon request of termination of services prior to the completion of the 3-year INITIAL TERM, the undersigned MERCHANT agrees to return all provided equipment to TSYS within thirty (30) days or will be subjected to the debit for the amount of \$495 as cost of provided terminal and \$200 for the cost of provided pinpad. Merchant is responsible for upfront sales tax of \$12.60 for the cost of terminal and will be debited once equipment is shipped. Inclusion of a Verifone Vx680 or an external pinpad requires an Annual Fee of \$59.00.	
	Signature (must sign in order to participate in FT Program)	Date

The below rates and fees shall serve to amend the terms of your merchant processing agreement pursuant to the terms thereof.

FEE CHANGE	☐ Statement Fee \$ _____ ☐ Monthly Minimum \$ _____ ☐ Batch Fees \$ _____ ☐ Gateway Fee \$ _____ ☐ Wireless Fee \$ _____ ☐ Annual Fee \$ _____ ☐ Application Fee \$ _____ ☐ POS Equip Support \$ _____	RATE CHANGE	☐ VC/MC/Disc Check Card Rate _____ % ☐ VC/MC/Disc Qualified Card Rate _____ % ☐ Mid-Qualified Rate _____ % ☐ Non-Qualified Card Rate _____ % ☐ Pass-Through Pricing IC+ _____ % ☐ VC/MC/Disc Transaction Fee \$ _____ ☐ PIN-Based Debit Rate _____ % ☐ PIN-Based Transaction Fee \$ _____ ☐ Flat Rate Pricing w/ Daily Discount _____ %	☐ Amex Qual Rate _____ % ☐ Non Qual Rate _____ % ☐ Amex Pass-Thru IC+ _____ % ☐ Amex Trans Fee \$ _____
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AGREEMENT	THE UNDERSIGNED GUARANTORS ACKNOWLEDGE AND AGREE TO BE BOUND BY ALL THE TERMS AND CONDITIONS OF THE PREEXISTING AGREEMENT AND UNCONDITIONALLY GUARANTEE THE PERFORMANCE OF THIS AGREEMENT. BY ITS EXECUTION BELOW, MERCHANT AGREES THAT THIS IS AN ADDENDUM TO THE EXISTING MERCHANT APPLICATION. TO BE ENFORCEABLE, THE TSYS UNDERWRITING DEPARTMENT MUST APPROVE AND ACCEPT THE TERMS OF THIS ADDENDUM.		
	Authorized Signature of Principal on Contract	Print Name	Date