

QuickBooks Point of Sale Merchant Service
Multiple Locations Addendum

**** PLEASE PRINT, COMPLETE BOTH PAGES, AND FAX TO (818) 936-7898, ATTN: DATA ENTRY DEPT ****

Use this form only if you have already applied for or have been issued a merchant account number for the primary location and wish to get merchant account numbers for other store locations of same business type or SIC code. If that does not apply to you, please call (888) 535-5504 or visit <http://quickbooksms.com/posms/> to fill out a separate application for each location.

Primary Location

Corporate Business Name:		Principal/Owner's Name:	
Existing Merchant Number (if available):		Application Number (if Merchant Number not available):	

Please provide below the information of each additional business location which requires a merchant account to start processing card payments. Transaction rates and service fees will apply for each merchant account. Each additional location will receive reduced monthly fee of \$9.95 and setup fee waived. All other fees are standard. If you need to add more than three locations, please print and fill out another copy of the addendum. All fields are required for every additional location.

Additional Location #1

Doing Business As:		Contact:		Phone #: () -	
Address:		City:		State: Zip:	
Monthly Volume:		Average Ticket:		% Swiped % Keyed	
Bank Routing Number*:		Bank Account Number (DDA)*:			
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
What version of QuickBooks Point of Sale software will you be using to process credit cards? (check one) <input type="checkbox"/> v4 or earlier <input type="checkbox"/> v5 <input type="checkbox"/> v6 <input type="checkbox"/> v7 <input type="checkbox"/> v8					

Additional Location #2

Doing Business As:		Contact:		Phone #: () -	
Address:		City:		State: Zip:	
Monthly Volume:		Average Ticket:		% Swiped % Keyed	
Bank Routing Number*:		Bank Account Number (DDA)*:			
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
What version of QuickBooks Point of Sale software will you be using to process credit cards? (check one) <input type="checkbox"/> v4 or earlier <input type="checkbox"/> v5 <input type="checkbox"/> v6 <input type="checkbox"/> v7 <input type="checkbox"/> v8					

Additional Location #3

Doing Business As:		Contact:		Phone #: () -	
Address:		City:		State: Zip:	
Monthly Volume:		Average Ticket:		% Swiped % Keyed	
Bank Routing Number*:		Bank Account Number*:			
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
What version of QuickBooks Point of Sale software will you be using to process credit cards? (check one) <input type="checkbox"/> v4 or earlier <input type="checkbox"/> v5 <input type="checkbox"/> v6 <input type="checkbox"/> v7 <input type="checkbox"/> v8					

* If you specify a Bank Account for receiving card payment deposits (DDA) for any location that is different from the one indicated on your Merchant Account Application, please FAX us an Imprinted check (not counter check) and/or a Bank Letter for each new bank account with this completed form.

[] Check here if you do not need each store location to receive separate mail correspondence from IMS.

The undersigned acknowledges that the information herein has been provided for the purpose of creating a Merchant Account with Innovative Merchant Solutions for each additional location listed and that the signer has the authority to obtain processing services on behalf of the businesses listed. Furthermore, these locations as listed above will also be subject to the terms and conditions of the Innovative Merchant Solutions Merchant Agreement already accepted and acknowledged by Merchant.

By signing below Merchant authorizes Bank/Innovative Merchant Solutions (IMS) to investigate and confirm the information contained herein and hereby certifies that all of the information provided is true, correct, and complete. Merchant further acknowledges that all businesses listed above are materially the same in scope and purpose including ownership, business type, and type of products or services sold, as that listed on the original Merchant Application. This addendum shall in no way supercede the Merchant Application or Merchant Agreement, but shall supplement such Application or Agreement and is meant solely to provide information regarding Merchant’s additional business locations that require bankcard processing services.

Signature, Principal or Corporate Officer
Date: __ / __ / ____

Signature, Principal or Corporate Officer
Date: __ / __ / ____

NOTE: If you do not receive a response from IMS within 48 hours, please call (800) 558-9558.

FOR INTERNAL USE ONLY	IMS APPROVED _____	DATE	/	/
	BANK APPROVED _____	DATE	/	/