

FDMS North (CARDnet)

Application

Credit Card/Debit Check Processing

The acquiring bank or service organization should complete the following form by providing the parameters requested. This form will be used to create the merchant file for the ARS Point-of-Sale system. Fax the completed form to 1-800-322-4213.

Customer Information

Customer Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ - _____ - _____

Credit Card Processing

Terminal #: _____ (6 digits)

CES Merchant #: _____ (12 digits)

Customer Service Phone #: _____

Mail Order: Yes _____ No _____

Federal Tax ID _____

HighSpeed

Primary URL: _____

Secondary URL: _____

Datawire ID: _____

Customer Support 800-704-4202 option 3, Tech.support@datawire.net)

Dialup

Auth/Settle #: _____

Modem Brand Setup: _____

Outside Line Prefix: _____ (None, 8 or 9)

Credit Cards Accepted: Visa/Mastercard _____, Discover _____, American Express _____

Completed by (please print) _____ Date: _____

Business Name: _____ Phone: _____

While the ARS applications are capable of communicating data electronically to third-parties (such as merchant services providers, inventory suppliers or accounting), because the communication of data electronically involves many factors beyond the control of ARS, ARS has no responsibility for, and **makes no warranties of any kind, express or implied**, with respect to or arising from, the electronic transmission of data to or from third-parties. Customer/Licensee agrees to indemnify and hold ARS harmless from any claim arising from or relating to the electronic transmission of data to or from a third-party.

Customer Signature: _____ Date: _____

Print Name: _____ Title: _____

To be completed by ARS Solutions:

Serial #: _____ Activation Key #: _____ PO#: _____

Merchant File Created by: _____ Date: _____ Tested Date: _____

Installed by: _____

Deposits Verified Date: _____ By: _____