

# Merchant Application and ATM Operator Agreement

**Skyline Cash Systems (“ISO”)**

**MetaBank (“Bank”)**

## SECTION A – Application: ATM Location/ATM Operator Completes Lines 1-9

**\*\* PLEASE PRINT CLEARLY\*\***

1. Name of Location (Doing Business As)		2. Physical Street Address of Location		
3. City, State Zip		4. Location Phone Number	5. Location Fax Number	
6. Business Tax ID Number	7. Financial Institution Number (FI #, FDIC, NCUA, ASI)		8. Business Type (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)	
9. Merchandise/Services Sold		Comments		

## SECTION B – Application: ATM Operator Completes Lines 10-30

**\*\* PLEASE PRINT CLEARLY\*\***

10. ATM Operator First Name		11. ATM Operator Last Name		12. ATM Operators Business Name		13. ATM Operators Business Tax ID	
14. ATM Operator Home Address		15. City, State, and Zip		16. Business Address		17. Business City, State, Zip	
18. ATM Operator Social Security Number		19. ATM Operator Date of Birth		20. Business Phone		21. Email Address	
22. Drivers License Number, issuing state, and expiration date				23. Business Type (Sole Proprietor, Partnership, LLC, Corporation, Financial Institution)			
24. Are you on parole or probation? Yes or No?		25. Have you ever been convicted of a felony? Yes or No?		26. Percentage of Ownership held by above named ATM Operator Principal			
27. Are there any other persons/entities that own or control [10%] or more of ATM Operator? Yes or No?				28. If the answer to #26 is Yes, such person/entities are deemed Other Principals. Please include details referenced in 10-26 regarding every Other Principal, on a separate ATM Operator Agreement.			
29. APPLICATION DECLARATION: The undersigned Applicant represents that all information contained in this Application for Sponsorship, and any other documentation supplied thereto, is true and correct. The Applicant hereby applies for an account relationship with Bank, as an ATM Operator sponsored by Bank. The undersigned acknowledges that in order to fight the funding of terrorism and money laundering activities, Bank is required to verify the identity of each person who opens an account with Bank. Therefore, the undersigned agrees that Bank is authorized to obtain Consumer and (if applicable) Business Credit Reports and to undertake a Criminal Background Investigation in connection with this Application. Applicant authorizes Bank or any of its agents to investigate information or data obtained from this Application. If there is more than one Principal indicated above, Applicant hereby provides the signed authorization for such Other Principals as well. Applicant agrees to provide any further information, including financial data, as may be reasonably requested by Bank. Applicant may, upon written request, obtain a complete and accurate disclosure of the nature and scope of the investigation requested hereunder. Applicant acknowledges that Bank may accept or deny this Application in its reasonable discretion.							
30. SIGNATURE OF ATM OPERATOR PRINCIPAL / DATE							

Meta Payment Systems, a division of MetaBank, (“Bank”) sponsors the ATM Terminal and financial transactions on the ATM Terminal that you financially participate in.

## SECTION C – AGREEMENT BETWEEN Merchant/ATM OPERATOR, ISO AND BANK Line 31

31. In the event this Application is accepted by Bank, the above named ATM Operator, ISO and the Bank (collectively, the “parties”) hereby agree as follows: (1) Bank will sponsor the ATM Terminal and financial transactions on the ATM Terminal that ATM Operator financially participates in. ATM Operator and ISO acknowledge that they have signed a separate agreement governing the placement and operation of the ATM Terminal(s) and to abide by the terms of such separate agreement; (2) The parties agree at all times to comply with applicable laws and regulations. (3) ATM Operator and ISO agree to comply at all times with all system and network rules, including but not limited to the Plus System, Inc., MasterCard/Cirrus, etc. Bylaws and Operating Regulations, which Bylaws and Operating Regulations may be amended from time to time; (4) The Bank may terminate this Agreement in Bank’s sole discretion or in the event that either ATM Operator or ISO fail to comply with this Agreement and/or with the Bylaws and Operating Regulations; (5) ATM Operator and ISO will indemnify and hold harmless the Bank, the processor, the Networks you participate in (including but not limited to Plus System, Inc., MasterCard/Cirrus, etc.) and Network Members, from and against any and all claims, losses or damages arising out of ATM Operator’s or ISO’s failure to comply with this Agreement, with applicable laws and regulations, and with the Bylaws and Operating Regulations. (6) the surcharge amount shall not exceed the fee defined in Section D.

## SECTION D – ATM Operator Completes Lines 32-41

**\*\* PLEASE PRINT CLEARLY\*\***

32. Check Recipient Name (Name of person (or entity) to whom the monthly commission check should be made out )			33. Mailing/Billing Address (What address should your monthly commission check be mailed to)		
34. Corporate/Alternate Phone Number		35. Corporate/Alternate Fax Number		36. City, State, Zip	
37. Surcharge Amount		38. Terminal Phone Number	39. Terminal Manufacturer	40. Terminal Model	41. Terminal Serial Number

## SECTION E – ISO Completes Lines 42-54

**\*\* PLEASE PRINT CLEARLY\*\***

42. Terminal ID Number		43. Does this terminal have a Certified Self Encrypting PIN PAD? Yes or No?		44. Is this terminal Triple DES compliant? Yes or No?		45. Encrypting PIN PAD (EPP) Serial Number	
46. Is this a Scrip Terminal? Yes or No?		47. Software Version		48. Firmware Version		Comments:	
49. Activating Custodian (1)				50. Activating Custodian (2)			
51. Name of Registered ISO / Sales Representative for ISO				52. Processor			

53. By signing below, I certify that the document used to identify this ATM Operator was provided to me and the above identification information is true and accurate and reflects the identity of this ATM Operator.

54. Signature of Sales Representative for ISO	Typed /Printed Name	Date
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**SIGNATURE OF ATM OPERATOR**

**SIGNATURE OF ISO**

**SIGNATURE OF BANK**

NAME:  
TITLE:  
DATE:

NAME:  
TITLE:  
DATE:

NAME:  
TITLE:  
DATE:

55. Terminal ID (Same as line 42)		56. Name Of Location (Same as line 1)	
<b>SECTION F – Affiliate Listings/ATM Operator Completes Lines 57-92</b>			
<b>** PLEASE PRINT CLEARLY**</b>			
57. Cash Provider Name	58. Address	59. Phone Number	60. Services Performed
61. Cash Loader (Armored Services)	62. Address	63. Phone Number	64. Services Performed
65. Service Technician Name	66. Address	67. Phone Number	68. Services Performed
69. Telephone Company Provider	70. Address	71. Phone Number	72. Services Performed
73. Encryption Key Management	74. Address	75. Phone Number	76. Services Performed
77. Other Technical Support Services (TSS)	78. Address	79. Phone Number	80. Services Performed
81. Other Technical Support Services (TSS)	82. Address	83. Phone Number	84. Services Performed
85. Other Technical Support Services (TSS)	86. Address	87. Phone Number	88. Services Performed
89. Other Technical Support Services (TSS)	90. Address	91. Phone Number	92. Services Performed

**Please send original copy of Merchant Application to:**

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