



NESO has partnered with First Data to offer a NEW credit card processing program for Dairy Queen franchise owners. This program will allow you to take full advantage of new lower rates offered through the Convenience / Small Ticket Program, strictly targeted for fast food, small average ticket environments.

This program will be Interchange Plus. Interchange Plus is the % that Visa / MC charges processing companies. Great news for you! You will receive @ cost + a small transaction fee. Below, you will find an outline of the rates and fees associated with this program.

On the Convenience / Small Ticket Program, you will not have to obtain a signature for any sale under \$15.00 if the customer pays with Visa or \$25.00 if the customer pays with MasterCard. Any sale over these amounts will require a signature.

Type of Transaction	Interchange Rate	CTS Transaction fee	Cost for a \$5.00 sale
Visa	1.65% + \$0.04	\$0.055	17.8 cents
Visa off-line debit	1.60% + \$0.04	\$0.055	17.5 cents
MC	1.90%	\$0.055	15.0 cents
MC off-line debit	1.90%	\$0.055	15.0 cents

- No Application fees
- No Monthly minimums
- No Annual fees
- No Monthly service fee
- Free Supplies – pay only S&H costs
- No Batching fee
- Chargeback fee - \$25.00 per occurrence
- Voice Authorization - \$0.75 per call

Endorsed Equipment Pricing (if needed)	<u>Purchase</u>	<u>Lease</u>
Hypercom T7Plus (Telephone Line Only)	\$599.00	\$22.98 mo./48
Omni 3750 (DSL & Telephone Line)	\$649.00	\$25.98 mo./48

If you have any questions, please call me at (877) 457-2615, Ext. 6521.

Sincerely,

Greg Allen
 Account Executive – FDMS
 877-457-2615, Ext 6521
 800-294-7106 Fax



Franchise Name

(This form will be used to complete your Merchant Agreement)

FAX to: (800) 294-7106 or call (877) 457-2615, ext 6521 – Attention: Greg Allen

ABOUT YOUR BUSINESS:

BUSINESS NAME (DBA) _____
STORE #: _____
STORE ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE# _____ **BUSINESS FAX#** _____

CORPORATION NAME: _____
BILLING ADDRESS: _____
CITY/STATE/ZIP: _____
CORPORATE PHONE# _____ **CORPORATE FAX#** _____

FEDERAL TAX I.D.# _____
IS THIS: Sole Ownership Partnership Non Profit Public/Private Corp
YEARS IN BUSINESS: _____ **NUMBER OF EMPLOYEES:** _____
ESTIMATED ANNUAL CC SALES - _____ **ESTIMATED AVG SALE -** _____

ABOUT THE OWNER / SIGNER

OWNER / SIGNERS NAME: _____ **% OF OWNERSHIP:** _____
HOME PHONE: _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
TITLE: _____

BUSINESS REFERENCES

	Contact	Telephone Number
BANK REFERENCE _____	_____	_____
SUPPLIER REFERENCE _____	_____	_____
SUPPLIER REFERENCE _____	_____	_____

Questions?

Please call Greg Allen at (877) 457-2615, Ext 6521

Email: gregory.allen@firstdata.com

Fax: 800-294-7106