

Electronic Funds Source 8170 Upland Circle, Suite 100 Chanhassen MN 55317

P (877) 767-2435 **F** (952) 917-6238

MERCHANT RELATIONSHIP AUTHORIZATION FORM

ACTION: Add Merchant Delete Merchant Modify Merchant	After completing this form, e-mail to T-Chek.MerchantServicesNetworking@tchek.com return via fax to 952-917-6238, Attention: Merchant Services Networking							
Customer Name: Customer # Merchant Name: Merchant # Mer	EFFECTIVE DATE:/ ACTION:							
Customer Name: Customer Name: Customer # Merchant Name: Merchant # Merchant Name: Contact: Fax: Contact: Fax: Contact: Fax: City: ST: Phone: E-Mail: SECTION II - TRANSACTIONS THE PARTIES AGREE TO THE FOLLOWING: (Please complete all sections below) PAYMENT: (Please select one of the following options) FUNDED TRANSACTIONS: (EFS pays Merchant and invoices Customer) DIRECT BILL TRANSACTIONS- (Invoicing and payments directly between Merchant and Customer) DIRECT BILL TRANSACTIONS- (Invoicing and payments directly between Merchant and Customer) PRICING: (Please select one of the following options) Cost Plus Margin \$ OR Cost Minus Margin \$ Cents Off Retail Amount \$ Cent	SECTION I - THE PARTIES							
Customer Name: Customer # Merchant Id City: ST: Group\Chain Name: Group\Chain R: Contact: Fax: City: ST: City: ST: Phone: E-Mail: City: ST: Phone: E-Mail: E-Mail: Fax: E-Mail: E-Mail: E-Mail: Fax: E-Mail: E-Mail: Fax: E-Mail: E-Mail: Fax: E-Mail: E-Mail: E-Mail: Fax: E-Mail:								
Contact: Fax: City: ST: Phone: E-Mail: E-Mail: E-Mail: E-Mail: E-Mail: SECTION II - TRANSACTIONS E-Mail:	Customer Name:		Customer #		Merchant Name:			
Phone: E-Mail: Section ii - Rax: E-Mail: E-Mail:	City:		ST:		Group\Chain Name:		Group\Chain#:	
E-Mail:	Contact: Fax:				City:		ST:	
SECTION II - TRANSACTIONS	Phone:				Phone:		Fax:	
THE PARTIES AGREE TO THE FOLLOWING: (Please complete all sections below) PAYMENT: (Please select one of the following options) CINDED TRANSACTIONS- (EFS pays Merchant and invoices Customer)	E-Mail:				E-Mail:			
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Grant Park Gr	THE PARTIES AGREE TO THE FOLLOWING: (Please complete all sections below)							
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			Date:		Merchant Authorizing Signa	iture:	Date:	