



Communities In Partnership, Corp.

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www.cipway.com

CIP-WAY™ Merchant Application

Please call us at 866-CIP-POWR (247-7697) if you need assistance in completing this application or if you have any questions about the program, that's not covered in the literature.

		CIP Merchant ID #	
Company/Merchant Information			
Company Legal Name:		Date:	
Trade Name (DBA):		Number of Locations:	
Business Contact			
Name:			
Title:	Tax ID #/Social Security #:	Home Phone: ()	
Address:	Office Phone: ()	Cell Phone: ()	
City:	State:	Zip:	
Fax: ()	Website:	E-mail:	
Billing / Financial Contact		<input type="checkbox"/> Same as Business Contact	
Name:			
Title:	Office Phone: ()	Home Phone: ()	
Address:			
City:	State:	Zip:	
Fax: ()	Website:	E-mail:	
Card Acquirer / Processor			
Company Name:			
Contact:		Office Phone: ()	
Address:		E-mail:	
City:	State:	Zip:	
Attach copy of a statement			

Merchant Application – Additional Locations

Additional Location Merchant ID: (approximately 16 digit number) Same as Main Location

Store Name/Identifier: _____

Contact: Same as business contact **Phone:**
()

Address: _____ **E-mail:** _____

City: _____ **State:** _____ **Zip:** _____

Business Overview

Years in Business: _____ **# of Employees:** _____

Main Product(s) or Service(s): _____

Marketing Percentage

Please indicate the amount of your giveback rebate:
 2% 5% 10% 15% 20% 25% Other _____%

Cards Accepted

CREDIT CARDS		DEBIT CARDS
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> PIN Pad Available
<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Club	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Notes: _____

Merchant ACH/Terms and Conditions

I, (we) hereby authorize CIP Corp. to work with an independent accredited financial institution for automatic clearing house services (ACH). CIP Corp. will only be due payment for rebates generated by customers of CIP Corp. or our affiliates. The amount of the ACH shall be in accordance with the Agreement between CIP Corp. and the Merchant listed above and according to agreed percentages. I, the undersigned, also do hereby acknowledge that the information provided above is true and accurate and I agree to comply with the rules and regulations of the **CIP-WAY™** Merchant Membership contained in the **CIP-WAY™** Membership Agreement/Policies & Procedures. I understand that CIP Corp. may from time to time, amend said rules and regulations. I further acknowledge that I am authorized by the manager and/or owner(s) of the commercial establishment named above to enter into this agreement on its behalf and to participate in the giveback/rebate program of CIP Corp., until written notice of termination by either party is provided.

Agreements and Signatures

PLEASE TYPE/PRINT YOUR NAME HERE _____

By entering my name below, I certify that I have read, met and agreed to all of the terms, conditions and disclosures linked to this application.

Authorized Signer: _____ **Date:** _____

FOR OFFICE USE ONLY

Application Received on: _____ Approved Disapproved Pending

Authorized CIP Representative: _____ Date: _____