



Signature Card Services
Additional Merchant Number/Location Addendum

This Additional Merchant Number/Location Addendum shall be attached to and made a part of the original Merchant Agreement between Signature Card Services, Westamerica Bank and the undersigned.

Existing Account Information	
Legal Business Name _____	Headquarter # / Account # _____
DBA _____	Mailing Address _____

This Form is for ADDITIONAL LOCATIONS ONLY

New Location Information	
Location Name / DBA Name _____	Account Type: Retail <input type="checkbox"/> Mo/To <input type="checkbox"/> Internet <input type="checkbox"/>
Location Address _____	
Mailing Address _____	
Contact Name _____	Contact Phone Number _____
Est. Monthly Sales: Count _____	Sales Volume \$ _____ Average Ticket \$ _____
Pricing: <input type="checkbox"/> Same as Headquarter Account	<input type="checkbox"/> Addendum attached (specifies alternate pricing agreement)
Settlement: <input type="checkbox"/> Same as Headquarter Account	
<input type="checkbox"/> Location Routing # _____	Account # _____ (voided check/ bank letter included)
Equipment: <input type="checkbox"/> Terminal _____	<input type="checkbox"/> Gateway/Software _____ version _____
Amex SE #: _____	Notes _____

We, the business named above, have an existing merchant processing account with Signature Card Services and Westamerica Bank and an executed Merchant Agreement. We intend to conduct business at the above listed location selling like goods or services and wish to open one additional processing account. We understand the additional account is governed by and subject to all of the terms and conditions in the Signature Card Services and Westamerica Bank Merchant Agreement ("Terms") which we agreed to and signed in accordance with our original account and is attached hereto.

WE ACKNOWLEDGE AND UNDERSTAND THAT THIS ADDITIONAL PROCESSING ACCOUNT WILL HAVE NO MINIMUM MONTHLY PROCESSING REQUIREMENTS, HOWEVER A MONTHLY STATEMENT FEE EQUAL TO THE FEE CHARGED ON THE PRIMARY ACCOUNT WILL BE INCURRED AND IS THE BUSINESS'S RESPONSIBILITY TO PAY IN ACCORDANCE WITH THE TERMS.

All principals who signed the original Signature Card Services and Westamerica Bank Merchant Agreement **MUST** sign this document, and the officer(s) signing below **MUST** possess the requisite legal authority to legally bind the business to the Terms.

Officer # 1			
_____	_____	_____	_____
Printed name	Signature	Title	Date
Officer # 2			
_____	_____	_____	_____
Printed name	Signature	Title	Date

This section is completed by Signature Card Services		
Sales Rep Name _____	Rep ID # _____	New Location Account # _____