

**AGENDA ITEM 27**

Discuss and take appropriate action on Internet Merchant Account contract through First National Merchants Solutions for County Clerk internet software e-commerce and allowing a charge of \$2 convenience fee to customers who request non-certified copies over the internet.

County Clerk Nancy Rister addressed the Court.

Moved: **Commissioner Boatright**

Seconded: **Commissioner Hays**

Motion: To approve an Internet Merchant Account contract through First National Merchants Solutions for County Clerk Internet software e-commerce and to approve a charge of \$2 convenience fee to customers who request non-certified copies over the internet.

Vote: **5 - 0**

< Attachment >

Principal: Associate: Chain: MID#: DDA#: MCC Code:

DIR Nov 03

## MERCHANT APPLICATION

CONFIDENTIAL

Business d/b/a Name: <b>Williamson County Clerk</b>		Business Legal Name: <b>Williamson County Clerk</b>			
Mailing Address: <b>PO Box 18</b>		City: <b>Georgetown</b>	State: <b>TX</b>	Zip: <b>78627</b>	
Contact Name: <b>Nancy Rister</b>		Ph #: <b>(512) 943-1510</b>	Fax #:	# of Locations: <b>1</b>	
Location Address: <b>710 S. Main St</b>		City: <b>Georgetown</b>	State: <b>TX</b>	Zip: <b>78627</b>	Ph #: <b>(512) 943-1510</b>
<b>BUSINESS PROFILE AND ASSUMPTIONS</b>					
E-Mail <b>nrister@wilco.org</b>		Tax ID <b>74-600978</b>	Total Volume	Location Volume	
Card Present: <b>0</b> % + Card Not Present: <b>100</b> % = TOTAL: 100 %		Sales to: Consumer <b>80</b> % + Business <b>20</b> % = TOTAL: 100%			
If CNP Choose one: <b>Catalogue/MOTO</b>		Card Swipe (%): <b>0</b> + Imprint (%) <b>0</b> = TOTAL Card Present %			
Average Ticket (\$)	Highest Ticket (\$)	Chargeback (%)	Return (%)	Processing Method <input checked="" type="checkbox"/> EDC <input type="checkbox"/> Paper	
Type of Business: <b>Mail Order / Telephone Order</b>		Type of Goods/Services Sold <b>Government services</b>			
Previous Processor: <b>none</b>		Business Website Address <b>http://www.wilco.org</b>			
Seasonal Sales <b>No</b>	Business Open Date	# of Employees	Ownership Type <b>Government</b>		
Length of Ownership: Yr Mo	Visa and MasterCard Currently Accepted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Application Type <b>Never had bankcards</b>	Addl. Location—1st. LOC/OLD MD #		
Existing FNBO Relationships <input type="checkbox"/> Commercial <input type="checkbox"/> Merchant <input type="checkbox"/> Retail <input type="checkbox"/> Trust <input type="checkbox"/> Other		Dun & Bradstreet #: (Optional)			
Have you ever declared bankruptcy? If Yes, please mark applicable box: <input type="checkbox"/> Personal <input type="checkbox"/> Business					
Bank Reference Name:		Contact:	Telephone Number:	Account Number:	
Trade/Supplier 1 Name		Contact:	Telephone Number:	Account Number:	
Trade/Supplier 2 Name		Contact:	Telephone Number:	Account Number:	
<p><b>GUARANTY:</b> THIS general, absolute, and unconditional continuing Guaranty ("GUARANTY") by the undersigned (collectively "GUARANTOR" or "my" or "I" or "me"), is for the benefit of First National Bank of Omaha and SPC, Inc. (collectively referred to as "FNBO"). For value received, and in consideration of the mutual undertakings contained in the merchant transaction processing agreement and allied agreements ("AGREEMENT") between FNBO and ("MERCHANT" as set forth below), I absolutely and unconditionally guarantee the full performance of all MERCHANT's obligations to FNBO, together with all costs, expenses, and attorneys' fees incurred by FNBO in connection with any actions, inactions, or defaults of MERCHANT. I waive any right to require FNBO to proceed against other entities or MERCHANT. There are no conditions attached to the enforcement of this GUARANTY. I authorize FNBO, its agents or assigns to make from time to time any personal credit or other inquiries and agree to provide, at FNBO's request, financial statements and/or tax returns. I agree that this GUARANTY shall be governed and construed in accordance with the laws of the state of Nebraska, and that the courts of the state of Nebraska shall have and be vested with personal jurisdiction over me. This is a continuing GUARANTY and shall remain in effect until one hundred eighty (180) days after receipt by FNBO of written notice by me terminating or modifying the same. The termination of AGREEMENT or GUARANTY shall not release me from liability with respect to any obligations incurred before the effective date of termination. No termination of this GUARANTY shall be effected by any change in my legal status or any change in the relationship between MERCHANT and me. This GUARANTY shall bind and inure to the benefit of the personal representatives, heirs, administrators, successors and assigns of GUARANTOR and FNBO.</p>					
PERSONAL GUARANTOR (Signature-No Titles)		Print Name (No Titles):			
MERCHANT: (Business Legal Name) <b>Williamson County Clerk</b>		Social Security Number:			
Home Address:					
BY THEIR EXECUTION HEREOF, THE UNDERSIGNED PARTIES HEREBY AGREE TO THE TERMS AND CONDITIONS OF THE DOCUMENTS, AGREEMENTS AND RULES WHICH ARE INCLUDED HEREIN. THE "AGREEMENT" CONSISTS OF THE MERCHANT APPLICATION, TERMS AND CONDITIONS, AND THE RATE DESCRIPTIONS AND MERCHANT ACKNOWLEDGES RECEIPT OF SAME. MERCHANT WARRANTS THAT THE INFORMATION PROVIDED ON THE APPLICATION IS COMPLETE AND ACCURATE. MERCHANT AUTHORIZES FNBO TO PROVIDE A COPY OF THIS APPLICATION TO ANY THIRD PARTY FOR THE SERVICES REQUESTED. MERCHANT, AND ITS SIGNING OFFICER/OWNER/PARTNER, AUTHORIZE FNBO, OR ITS AGENTS OR ASSIGNS, TO MAKE, FROM TIME TO TIME, ANY BUSINESS AND PERSONAL CREDIT AND OTHER INQUIRIES. IF APPLICABLE, MERCHANT AGREES, BY ITS SIGNATURE BELOW TO THE EQUIPMENT RENTAL AGREEMENT.					
IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES EFFECTIVE ON THE DATE SIGNED BY FNBO.					
MERCHANT Signature (Officer/Owner/Partner): <i>John C. Doerfler</i>		Name (Please Print): <b>John C. Doerfler</b>		Title: <b>County Judge</b>	
Equity Ownership (%)	Home Phone No.	Date of Birth:	Soc Sec No:	Date: <b>2-10-04</b>	
Home Address:		City:	State:	Zip:	
FNBO Signature:		Title:	Name	Date	

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RATE DESCRIPTION		VISA AND MASTERCARD DISCOUNT			
<input type="checkbox"/> Retail	<input type="checkbox"/> T&E / Restaurant	Rate 1	2.1700 % Discount + 0.20 per item	Rate 5	% Discount + per item
<input type="checkbox"/> Retail Fuel	<input type="checkbox"/> T&E / Hotel	Rate 2	2.3700 % Discount + 0.20 per item	Rate 6	% Discount + per item
<input type="checkbox"/> Retail Supermarket	<input type="checkbox"/> T&E / Car Rental	Rate 3	3.2600 % Discount + 0.20 per item	Supermarket	% Discount + per item
<input checked="" type="checkbox"/> Card Not Present ("CNP")		Rate 4	% Discount + per item	Fuel	% Discount + per item
<input type="checkbox"/> CNP Recurring	<input type="checkbox"/> Paper	Other	% Discount + per item		
<input type="checkbox"/> CNP E-Commerce	<input type="checkbox"/> Pass Thru				
Please refer to Terms and Conditions for Rate Qualification descriptors, standard fees and early termination fee.					
FEES					
Merchant Application Fee \$ 50.00		Monthly Maintenance Fee \$ 7.50 per MID		Minimum Discount Billing \$ 0.00 per month	
Chargeback Fee \$ 10.00		Retrieval Fee \$ 5.00		Voice Assisted Fee \$ 1.30 per question to authorization center	
<input checked="" type="checkbox"/> Each <input type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Each <input type="checkbox"/> Monthly			
Authorization Fee \$ per Visa and MasterCard		Voice Authorization Fee \$ 0.65 Each Unless Marked Below		Monthly Terminal Support Fee:	
or Excessive Electronic Authorization Fee \$ 0.15 per Visa and MasterCard over 100% of SALES		Per Voice Authorization Over 100 % of SALES			
		Non Visa/MasterCard and ATM/DEBIT Authorizations \$ 0.15 each		\$ 0.00	
Web Access Free for 60 days thereafter at FNBO's current rate. Up to a \$20.00 value.		Capture Fee \$ 0.25		Other \$	
<input checked="" type="checkbox"/> Each <input type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Each <input type="checkbox"/> Monthly			
AMEX <input type="checkbox"/> New	DISCOVER <input type="checkbox"/> New	ATM/DEBIT <input type="checkbox"/> New	COMPLETEPAY® <input type="checkbox"/> New	GIFT CARD (Addl Form) <input type="checkbox"/> New	
If Existing (Merchant ID)	If Existing (Merchant ID)	Set Up Fee \$	Service	IBA (Addl Form) <input type="checkbox"/> New	
Monthly Fee \$		Maintenance Fee \$	Imaging Echo		
Discount Rate (%)			Annual Ck Vol \$	PAYFUSE (Addl Form) @ <input type="checkbox"/> IVT	
Annual Volume \$	DINERS <input type="checkbox"/> New	Transaction Fee \$	Average Ticket \$	<input type="checkbox"/> API	
Average Ticket \$		Network Fee: Pass Thru	Set Up Fee \$	P-CARD (Addl Form) <input type="checkbox"/> Level 2	
Pay Frequency	If Existing (Merchant ID)	Additional Network	Monthly Fee \$	<input type="checkbox"/> Level 3	
Pay Option	Discount Rate (%)		Discount Rate Guarantee	OTHER	
MERCHANT INITIALS:			Per Item		
			Check Limit	OTHER	
MERCHANT has indicated above which additional services it is requesting. MERCHANT agrees that FNBO is not a party to any agreement for services from the following companies: American Express, Diners Club, and/or Discover and that any such agreements are strictly between MERCHANT and each individual company. MERCHANT must be approved by each company and each company may send its terms and conditions to the address of MERCHANT indicated herein upon such approval. MERCHANT agrees to be bound by such company's terms and conditions.					
Please sign here _____ Date: _____					
FUNDS TRANSFER: In accordance with the terms set out in the Terms and Conditions, transfer funds will be made to/from the account set forth in the enclosed voided check.					
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> IBA <input type="checkbox"/> DDA					
POS METHOD: Internet Service Provider (Complete information below)					
SOFTWARE: Verisign Fee \$ 0.00 Fee \$					
Fee \$ Fee \$ Fee \$					
EQUIPMENT TYPE		EQUIPMENT TYPE		EQUIPMENT TYPE	
Equipment Option		Equipment Option		Equipment Option	
Fee \$ Quantity		Fee \$ Quantity		Fee \$ Quantity	
Grand Total		Grand Total		Grand Total	
Payment Frequency		Payment Frequency		Payment Frequency	
SITE INSPECTION INFORMATION (TO BE COMPLETED BY SALES REPRESENTATIVE)					
By the signature below, signatory verifies that the information stated in this Agreement is correct to the best of his/her knowledge and is as represented to him/her by MERCHANT					
Sales Representative Signature:		Sales Representative Name Printed: Tom Colling			
Sales Organization: First National Merchant Solutions		Application Date:		Physical Site Inspection Conducted By Sales Rep <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Purchasing Card Information

MASTERCARD requires FNBO to identify business ownership characteristics on SALES using a purchasing card. Corporations have requested this information so that they may more accurately report, analyze and control their corporate spending. Additionally, some state and federal laws required the capture and reporting of certain data by businesses. MERCHANT warrants that the information supplied is correct. Any information left incomplete will be identified as unknown, other than business owner type.

Enter the appropriate number from column B in column C.

A. Merchant Type	B. Position Values	C. Number
Business Type	1 = Corporation 3 = Individual sole proprietorship 4 = Partnership 5 = Association/Estate/Trust 6 = Tax exempt organization (501C) 7 = International Organization 8 = Limited Liability Company LLC	6
Business Owner Type	0 = Unknown 1 = No applicable classification (not female or handicapped) 2 = Female Business Owner 3 = Physically handicapped female business owner 4 = Physically handicapped male business owner	0
Small Business Disadvantaged Or Other Certification	0 = Unknown 1 = Not certified as such 2 = SBA certification small business 3 = SBA certification as small disadvantage business 4 = Other government or agencyrecognized certification (such as Minority Supplier Development Council) 5 = Selfcertified small business 6 = SBA certification as small business and other government or agency-recognized certification 7 = SBA certification as small disadvantaged business and other government or agency-recognized certification 8 = Other government or agencyrecognized certification and self certified small business A = SBA Certification as 8 (a) B = Self-certified small disadvantaged business (SDB) C = SBA certification as HUBZone	0
Racial or Ethnic Type Unconditional Majority	0 = Unknown 1 = African American 2 = Asia Pacific American 3 = Subcontinent Asian American 4 = Hispanic American 5 = Native American Indian 6 = Native Hawaiian 7 = Native Alaskan 8 = Caucasian 9 = Other	0