



QuickBooks® Point of Sale Gift Card Service Multiple Locations Addendum

***** PLEASE PRINT, COMPLETE BOTH PAGES, AND FAX TO (877) 471-3038, ATTN: GIFT CARD SERVICE *****

Use this form only if you have already been issued a QuickBooks POS Gift Card Service account for the primary location and wish to get gift card account numbers for other store locations of the same business type/SIC code and business owner. If that does not apply to you, please call (800) 926-6066 or visit <http://www.quickbooksms.com/posgcs> to fill out an application.

Primary Location

Corporate Business Name:	Principal/Owner's Name:
Existing Gift Card Number:	

Please provide below the information for each qualifying additional location which requires a gift card account to start processing gift card transactions. Additional locations receive monthly fee and setup fee waived.¹ Transaction rates will apply for each account. Fill out as many sections as needed. If you need to add more locations, please print and fill out another copy of the addendum.

Additional Location #1

Doing Business As (DBA):	Contact:	Phone #:
Address:	City:	State: Zip:
Bank Name:	Bank Address:	Bank Phone:
Bank Routing Number*:	Bank Account Number (DDA)*:	
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to link cards from this location to the original location?*** (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Location #2

Doing Business As (DBA):	Contact:	Phone #:
Address:	City:	State: Zip:
Bank Name:	Bank Address:	Bank Phone:
Bank Routing Number*:	Bank Account Number (DDA)*:	
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to link cards from this location to the original location?*** (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Location #3

Doing Business As (DBA):	Contact:	Phone #:
Address:	City:	State: Zip:
Bank Name:	Bank Address:	Bank Phone:
Bank Routing Number*:	Bank Account Number (DDA)*:	
Are the products/services sold at this location the same as the primary location? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to link cards from this location to the original location?*** (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Should the primary location close or no longer require the gift card service then one of the other locations under the multi-store umbrella will automatically take position as the new primary location and will continue to pay all related fees.

* If you specify a Bank Account for debiting gift card service fees for any location that is different from the one indicated on your original POS Gift Card Service Application, please FAX us an Imprinted check (not counter check) and/or a Bank Letter for each new bank account with this completed form.

** Linking cards from this location to the original location means being able to conduct transactions (ex. sale, redemption, balance inquiry, etc.) purchased from one store location at any other store location(s) that is also linked. The "original" store refers to the store that you originally signed the POS Gift Card Service account through.

The undersigned acknowledges that the information herein has been provided for the purpose of creating a POS Gift Card Service Account with Innovative Merchant Solutions for each additional location listed and that the signer has the authority to obtain processing services on behalf of the businesses listed. Furthermore, these locations as listed above will also be subject to the terms and conditions of the Innovative Merchant Solutions Agreement already accepted and acknowledged by Merchant.

By signing below Merchant authorizes Bank/Innovative Merchant Solutions (IMS) to investigate and confirm the information contained herein and hereby certifies that all of the information provided is true, correct, and complete. Merchant further acknowledges that all businesses listed above are materially the same in scope and purpose including ownership, business type, and type of products or services sold, as that listed on the original Gift Card Application. This addendum shall in no way supersede the Gift Card Service Application or POS Gift Card Service Terms of Use, but shall supplement such Application or Agreement and is meant solely to provide information regarding Merchant's additional business locations that require gift card processing services.

Signature, Principal or Corporate Officer
Date: __ / __ / ____

Signature, Principal or Corporate Officer
Date: __ / __ / ____

NOTE: If you do not receive a response from IMS within 48 hours, please call (800) 558-9558.

FOR INTERNAL USE ONLY	IMS APPROVED _____	DATE: / /
	BANK APPROVED _____	DATE: / /

QuickBooks Point of Sale Gift Card Service is provided by Innovative Merchant Solutions, LLC, an Intuit Company. Terms, conditions, pricing, features, service, and support options subject to change at any time without notice.