First Data | Independent Sales

Independent Sales Representative Registration Form

♦ FAX: FDIS West Region (714) 838-9585 ♦
♦ E-mail Address: rfair@fdiswestregion.com ♦

Please Print Legibly. Missing or illegible information will delay the registration process.

AGENT OFFICE INFORMATION

Agent Office DBA Name:	FDIS WEST REGION
Agent Ofice Legal Name:	FAIRMED, INC.
Principal/Owner of Agent Office:	ROBERT W. FAIR

CONTACT INFORMATION

Last Name		First Name			Initial
Address	Unit/Suite	City		State	Zip	Work Phone ( )
Sales Representative Email:					

Do you have any relatives working for or applying for registration with this Agent Office, any other agent office of Cardservice International, LLC, doing Business as First Data Independent Sales (FDIS) or FDIS? ☐ No ☐ Yes If yes, list name(s):

ADDITIONAL INFORMATION

Have you ever been convicted of a felony? ☐ No ☐ Yes* Have you ever been convicted of a misdemeanor? ☐ No ☐ Yes*

***If yes, please explain in detail as to time, nature, and number of convictions (use a separate sheet of paper).**

Have you ever registered, been employed by or contracted with this Agent Office or any agent office of FDIS? ☐ No ☐ Yes

If yes, when?_____ Which office?_____

Have you used any name other than the name you are currently using? ☐ No ☐ Yes*

*If yes, please list:

Each circumstance and explanation will be weighted and considered. An affirmative answer to any of these questions may not necessarily disqualify you from consideration from registration.

1. I certify that all information provided on this registration form is correct to the best of my knowledge. I understand that willful omission or deliberate falsification of information on this form may result in my failure to receive an offer of registration or, if I am registered, immediate termination of my registration.
2. I authorize the Agent Office referenced above to obtain all information concerning me from previous employers, schools, DMV, credit reporting agencies, and others, and I release said Agent Office, its employees and representatives from all liability for any damage resulting from information furnished by them. I authorize the Agent Office referenced above to release the information obtained pursuant to this paragraph to Cardservice International, LLC doing business as First Data Independent Sales (FDIS) upon their request. I understand that FDIS reserves the right to obtain all information concerning me from previous employers, schools, DMV, credit reporting agencies, and others, and I release FDIS, its employees and representatives from all liability for any damage resulting from information furnished by them.
3. I declare under penalty of perjury under the laws of the State of California and of the state in which my agent's place of business is located, that all of the information contained in this registration form is true and correct.
4. I hereby acknowledge and understand that the Agent Office referenced above is a separate and distinct legal entity from FDIS. For purposes of clarification, I hereby acknowledge and understand that this registration form does not constitute an application for employment with FDIS and that upon approval of this registration, I will not be deemed an employee or independent contractor of FDIS.

Independent Sales Representative's Signature: _____

Date: _____

For FDIS West Region Use Only

I acknowledge and agree that I am solely responsible for the conduct and actions of this sales representative

Agent's Signature: _____ **Date:** _____

Robert W. Fair

For Corporate Use Only

ACTION	DATE	INITIALS