

<input type="checkbox"/> New Account	<input type="checkbox"/> Existing Account	Existing MID: _____	Date: _____	Office Code: _____
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Merchant DBA Name ("Merchant"):		
Merchant Legal Name:		
Merchant Address:		
City:	State:	ZIP:
Merchant Phone:	Email Address:	

ENROLLMENT OPTIONS

For the Service Fees set forth below and in accordance with the terms and conditions set forth in the Service Agreement the Merchant shall receive the following service:

Base Package

Each POS base package includes the following items. Items not included may still be available for purchase based on the software selected.

- 1 POS System • 1 Receipt Printer • 1 Keyboard* • 10 Server Cards*
- 1 Cash Drawer • 1 EMV PIN Pad • 1 Mouse*

**not included with SkyTab POS*

Software

- | | |
|---|---|
| <input type="checkbox"/> SkyTab POS: _____ x \$29.99/month | <input type="checkbox"/> Restaurant Manager: _____ x \$49.99/month |
| <input type="checkbox"/> Harbortouch Hospitality: _____ x \$49.99/month | <input type="checkbox"/> POSitouch: _____ x \$49.99/month |
| <input type="checkbox"/> Harbortouch Retail: _____ x \$49.99/month | <input type="checkbox"/> Future POS: _____ x \$49.99/month |
| <input type="checkbox"/> Harbortouch Checkout: _____ x \$49.99/month | <input type="checkbox"/> Focus POS: _____ x \$49.99/month |
| <input type="checkbox"/> Harbortouch Salon & Spa: _____ x \$49.99/month | <input type="checkbox"/> Focus POS (software only): _____ x \$19.99/month |

Total Monthly Service Fee: \$ _____ /month plus local, state, and federal taxes

- Check here if you DO NOT need a cash drawer with some of the systems ordered.
Number of cash drawers needed: _____

How many POS stations will be accepting payment? _____ Connection Type: USB Ethernet

- Server/Employee Cards
First 10 cards are included free in base package*
 Additional bundles of 50 - \$49.00 per 50 cards
Number of additional bundles: _____

**not included with SkyTab POS*

Optional Add-Ons ("Add-Ons") For an additional monthly per-item service charge Merchant shall be entitled to service for the Add-ons as set forth in the Agreement.

- | | |
|---|--|
| <input type="checkbox"/> SkyTab Mobile: _____ x \$15.00/month | <input type="checkbox"/> Kitchen Video System (all software except POSitouch): _____ x \$39.99/month |
| <input type="checkbox"/> SkyTab Glass: _____ x \$29.99/month | <input type="checkbox"/> Digital Scale (SkyTab/Hosp/Retail/Checkout): _____ x \$39.99/month |
| <input type="checkbox"/> SkyTab KDS: _____ x \$29.99/month | <input type="checkbox"/> Caller ID - 2 Line: _____ x \$9.99/month |
| <input type="checkbox"/> EMV/NFC PIN Pad (SkyTab only): _____ x \$9.99/month | <input type="checkbox"/> Caller ID - 4 Line: _____ x \$19.99/month |
| <input type="checkbox"/> Tableside (HT Hospitality/Focus/Future/POSi/RM): _____ x \$49.99/month | <input type="checkbox"/> 2D Barcode Scanner: _____ x \$19.99/month |
| <input type="checkbox"/> Remote Printer - Thermal: _____ x \$9.99/month | |
| <input type="checkbox"/> Remote Printer - Dot Matrix: _____ x \$9.99/month | |

Optional Accessory Purchases

These Items are Purchased by Merchant before or after initial sale and are NOT part of the Service Agreement. All products received "as is, whereis".

- | | |
|---|--|
| <input type="checkbox"/> Integrated Customer Display (Onyx only): _____ x \$69.00 | <input type="checkbox"/> Additional Cash Drawer: _____ x \$129.00 |
| <input type="checkbox"/> Additional Cash Till: _____ x \$25.00 | <input type="checkbox"/> Split Cable for Cash Drawers: _____ x \$25.00 |

SHIPPING METHOD

- Ground (N/A for AK & HI)
 2nd Day
 Next Day Air
See Service Agreement terms for details.

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone Number: _____

PROGRAMMING/INSTALLATION METHOD (NEW SKYTAB POS ORDERS ONLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> No Programming | <input type="checkbox"/> Fast Track
<input type="checkbox"/> \$4 Install
<input type="checkbox"/> Partner Install | <input type="checkbox"/> Full Service Programming/Installation |
|---|---|--|

OWNERS OR OFFICERS					
Principal #1		Social Security Number		Principal #2	
Residence Address		Residence Address		Residence Address	
City	State	ZIP	City	State	ZIP

Personal Guaranty: This general, absolute, and unconditional Guaranty ("Guaranty") by the undersigned (collectively "Guarantor" or "my" or "I" or "me") is for the benefit of Shift4 Payments, LLC d/b/a Shift4 ("Company") and its affiliates and subsidiaries. For value received, and in consideration for the mutual undertakings contained in the Agreements, exhibits, and all other related agreements entered into between Merchant and Company or its parents, affiliates, successors, and assigns, I absolutely and unconditionally guarantee the full performance of all Merchant's obligations to Company, together with all costs, expenses, and attorneys' fees incurred by Company, its parents, affiliates, successors, or assigns, in connection with any action, inactions, or defaults of Merchant with respect to this Agreement or any other Agreement currently in effect or in the future entered into between Merchant or its principals and Company, its parents, affiliates, successors, or assigns. I waive any right to require Company, its parents, affiliates, successors, or assigns, to proceed against other entities or Merchant. There are no conditions attached to the enforcement of this Guaranty. I authorize, Company, its parents, affiliates or assigns to make from time to time any personal credit or other inquiries and agree to provide, at Company's request, financial statements and/or tax returns. I agree that this Guaranty shall be governed and construed in accordance with the State of Pennsylvania, and that the courts of Pennsylvania shall have and be vested with personal jurisdiction. The termination of this 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, parents, heirs, administrators, successors and assigns of Guarantor and Company.

AGREED AND ACCEPTED:

 PRINCIPAL 1 SIGNATURE PRINT NAME

 PRINCIPAL 2 SIGNATURE PRINT NAME

ACH Authorization: The fees and charges as specified in POS Exhibit A and the terms and conditions shall be debited from Merchant's account upon the execution of this Service Agreement and then on a monthly basis thereafter. All other charges payable hereunder shall be debited during the month in which they were incurred. Authorized Merchant Representative's signature below authorizes Shift4 Payments, LLC d/b/a Shift4 ("Company"), its affiliates, subsidiaries, designated assignees, or third party providers, including but not limited to Company, to initiate ACH transfer entries to credit and/or debit the account identified in the voided check provided to Company for the fees and charges incurred under the Service Agreement. This authorization shall remain in effect unless and until Company receives written notification from Merchant that this authorization has been terminated in such time and manner to allow Company to act.

Credit Inquiry Authorization: Authorization is hereby granted by the Merchant representative who has signed below to Shift4 Payments, LLC d/b/a Shift4 ("Company") to obtain a consumer credit report through a credit reporting agency chosen by Company. Authorized Merchant Representative understands and agrees that Company intends to use the consumer credit report for the purposes of evaluating my financial readiness to enter into this Service Agreement. Authorized Merchant Representative understands that this credit report will be retained on file at the Company office for use only by Company staff. This information will not be disclosed to anyone by Company without written consent unless required by law. Authorized Merchant Representative's signature below authorizes the release to the credit reporting agency of financial information which I have supplied to Company in connection with such an evaluation. Authorization is further granted to the credit reporting agency to use photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

SIGNING BELOW GRANTS COMPANY AUTHORIZATION TO DEBIT THE MERCHANT ACCOUNT AS SET FORTH HEREIN AND GRANTS COMPANY PERMISSION TO THE RELEASE OF FINANCIAL INFORMATION TO THE CREDIT REPORTING AGENCY AND GRANTS PERMISSION FOR COMPANY TO OBTAIN A COPY OF MY CREDIT REPORT.

PLEASE READ THIS SERVICE AGREEMENT CAREFULLY TO ENSURE THAT YOU UNDERSTAND EACH PROVISION, INCLUDING YOUR REQUIRED USE OF COMPANY'S TRANSACTION PROCESSING SERVICES. THIS AGREEMENT REQUIRES THE USE OF ARBITRATION ON AN INDIVIDUAL BASIS TO RESOLVE DISPUTES, RATHER THAN JURY TRIALS OR CLASS ACTIONS, AND ALSO LIMITS THE REMEDIES AVAILABLE TO A MERCHANT IN THE EVENT OF A DISPUTE (PLEASE SEE SECTION 11 (e) FOR FURTHER DETAILS).

THE INITIAL TERM OF THE SERVICE AGREEMENT IS FOR TWELVE (12) MONTHS. PLEASE SEE SECTION 3 FOR FURTHER DETAILS.

BY THEIR EXECUTION BELOW, THE UNDERSIGNED AGREES TO ABIDE BY THE SERVICE AGREEMENT. THE SERVICE AGREEMENT CONSISTS OF THE POS EXHIBIT A, THE POS ORDER FORM, AND THE **SKYTAB POS SYSTEM SERVICE AGREEMENT** TERMS AND CONDITIONS. MERCHANT ACKNOWLEDGES RECEIPT OF SERVICE AGREEMENT TERMS AND CONDITIONS. THE SERVICE AGREEMENT REQUIRES THE USE OF COMPANY'S TRANSACTION PROCESSING SERVICES UNDER A SEPARATE MERCHANT TRANSACTION PROCESSING AGREEMENT. **THE TERMS OF EACH AGREEMENT ARE LOCATED AT WWW.SHIFT4.COM/LEGAL.** MERCHANT WARRANTS THAT THE INFORMATION PROVIDED TO COMPANY IS COMPLETE AND ACCURATE.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED REPRESENTATIVES EFFECTIVE ON THE DATE SIGNED OR APPROVED BY COMPANY.

AGREED AND ACCEPTED:

MERCHANT LEGAL NAME: _____

 PRINCIPAL 1 SIGNATURE PRINT NAME

 PRINCIPAL 2 SIGNATURE PRINT NAME