

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

1. BUSINESS INFORMATION

Page 1 of 8

Client's Business Name (Doing Business As):			Client's Corporate/Legal Name (Use Also For Headquarter's Information):		
Business Address:			Billing Address (If Different Than Location Address):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail Address:			Contact Fax # / E-mail Address:		
Business Website Address:			Contact Phone #:		
Date Business Started:			Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		
Customer Service Phone #:	Customer Service E-mail Address:		Statement Delivery Method: (choose one) <input type="checkbox"/> Print and Mail <input type="checkbox"/> Online via AccessOne		
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)	
<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
Name (as it appears on your income tax return; if Sole Proprietor, must include middle initial)		FEDERAL TAX ID # (as it appears on your income tax return)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)	

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

*SIC/MCC: _____ Final Auth. Indicator: 0 (Pre Auth.) 1 (Final Auth.) IATA/ARC: _____ (MCC 4722 Only)

Note: *If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967 and 7841¹, then registration is required with Visa and/or Mastercard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or Mastercard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or Mastercard regulations².

¹Registration for MCC 7841 is only required for non-face-to-face adult content.

²Information herein, including applicable MCCs, is subject to change.

Detailed Explanation of Type of Merchandise, Products or Services Sold:

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: _____</p> <p>4. How many registers/Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p>	<p>13. Do you have a refund policy for Mastercard/Visa/Discover Network - PayPal/American Express OptBlue Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Mastercard/Visa/Discover Network - PayPal/ <input type="checkbox"/> Store Credit American Express OptBlue Credit If Mastercard/V/Discover Network - PayPal/American Express OptBlue Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. Advertising Method (Attach at least one): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</p> <p>15. Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>17. Does your business offer products and/or services to customers through a mobile application: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list name of mobile application: _____</p> <p>Mail / Telephone Order / Business to Business / Internet Information (All Questions must be Answered)</p> <p>1. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days _____ % + 8-14 days _____ % + 15-30 days _____ % + 31-90 days _____ % + 91-180 days _____ % + over 180 days _____ % = 100%</p> <p>2. Mastercard/Visa/Discover Network - PayPal/American Express OptBlue sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>3. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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O_WF_R_2610 **3. OWNERS INFORMATION** O_WF_R_2610

Controlling Individual: An individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). Applies to private corporations, limited liability corporations, or partnerships.

Controlling Individual

Name: _____ Title: _____
 Ownership %: _____ Date of Birth: _____ Social Security #: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Country: _____

Beneficial Owners: Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

Owner 1

Name: _____ Title: _____
 Ownership %: _____ Date of Birth: _____ Social Security #: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Country: _____

Owner 2

Name: _____ Title: _____
 Ownership %: _____ Date of Birth: _____ Social Security #: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Country: _____

Owner 3

Name: _____ Title: _____
 Ownership %: _____ Date of Birth: _____ Social Security #: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Country: _____

Owner 4

Name: _____ Title: _____
 Ownership %: _____ Date of Birth: _____ Social Security #: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Country: _____

4. SETTLEMENT INFORMATION

Deposit Bank:

Transit / ABA #: _____ Deposit Account #: _____

ACH Detail Flag: Individual Combined Separate (defaults to Combined if option not selected)

5. TRANSACTION INFORMATION

FINANCIAL DATA

Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ _____	Avg. Mastercard/Visa/Discover Network-PayPal Ticket (Estimate If Never Processed in Past)	\$ _____	WHERE IS SALE TRANSACTED? (Must = 100%)
Average YEARLY Mastercard/Visa Volume	\$ _____	Avg. American Express OptBlue Ticket (Estimate If Never Processed in Past)	\$ _____	
Average YEARLY Discover Network-PayPal Volume	\$ _____	Highest Ticket Amount	\$ _____	
Average YEARLY American Express OptBlue Volume	\$ _____			
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____				
				Store Front/Swiped _____ %
				Internet _____ %
				Mail Order _____ %
				Telephone Order _____ %
				Total _____ 100%

6. GRID INFORMATION - INTERNAL USE ONLY

AUTHORIZATION GRID ID#: _____	USER DEFINED GRID ID#: _____	MFC GRID ID: _____ 8-pos. Alpha/Numeric
Mastercard TIERED GRID ID 8-pos. Alpha/Numeric	Visa TIERED GRID ID 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal TIERED GRID ID 8-pos. Alpha/Numeric
Mastercard CREDIT MPG ID 8-pos. Alpha/Numeric	Visa CREDIT MPG ID 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal CREDIT MPG ID 8-pos. Alpha/Numeric
Mastercard DEBIT MPG ID 8-pos. Alpha/Numeric	Visa DEBIT MPG ID 8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID 8-pos. Alpha/Numeric
		AMERICAN EXPRESS OptBlue TIERED GRID ID 8-pos. Alpha/Numeric
		AMERICAN EXPRESS OptBlue CREDIT MPG ID 8-pos. Alpha/Numeric

7. SERVICE FEE SCHEDULE

Accept all Mastercard, Visa, Discover Network and American Express OptBlue Transactions (presumed, unless any selections below are checked)

Mastercard	Visa	Discover Network	American Express OptBlue
<input type="checkbox"/> Mastercard Credit Transactions	<input type="checkbox"/> Visa Credit Transactions	<input type="checkbox"/> Discover Network Credit Transactions	<input type="checkbox"/> American Express Credit Transactions
<input type="checkbox"/> Mastercard Non-PIN Debit Trans.	<input type="checkbox"/> Visa Non-PIN Debit Trans.	<input type="checkbox"/> Discover Network Non-PIN Debit Trans.	
		Discover Network - PayPal	
		<input type="checkbox"/> Discover Network - PayPal Credit Transactions	
<input type="checkbox"/> Discount Collected	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	

O_WF_R_2610 **7. SERVICE FEE SCHEDULE (cont'd)** O_WF_R_2610

Tiered											
Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
Mastercard Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network-PayPal Qual Credit	%	\$	American Express OptBlue Qual Credit	%	\$
Mastercard Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Discover Network-PayPal Mid-Qual Credit	%	\$	American Express OptBlue Mid-Qual Credit	%	\$
Mastercard Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Discover Network-PayPal Non-Qual Credit	%	\$	American Express OptBlue Non-Qual Credit	%	\$
Mastercard Worldcard Qual	%	\$	Visa Rewards 1	%	\$						
Mastercard Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$						
Mastercard Worldcard Non-Qual	%	\$									
Mastercard Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Network Qual Debit	%	\$			
Mastercard Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Discover Network Mid-Qual Debit	%	\$			
Mastercard Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Discover Network Non-Qual Debit	%	\$			
Mastercard Regulated Debit Discount	%	\$	Visa Regulated Debit Discount	%	\$	Discover Network Regulated Debit Disc't	%	\$			

ERR											
	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
Mastercard Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network-PayPal Qual Credit	%	%	American Express OptBlue Qual Credit	%	%
Mastercard Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%			

Pass Through Interchange

Net Only - Includes Dues and Assessments Gross Only - Includes Dues and Assessments

	Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)
Mastercard Qual Credit	%	Visa Qual Credit	%	Discover Network - PayPal Qual Credit	%	American Express OptBlue Qual Credit	%
Mastercard Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%	American Express OptBlue has Program Pricing and not Interchange and are subject to change.	

Flat Rate			
	Discount Fee	MPG Rate	MPG Per Item
Mastercard Qualified Credit	%	%	\$
Mastercard Qualified Debit	%	%	\$
Visa Qualified Credit	%	%	\$
Visa Qualified Debit	%	%	\$
Discover Network - PayPal Qualified Credit	%	%	\$
Discover Network - PayPal Qualified Debit	%	%	\$
American Express OptBlue Qualified Credit	%	%	\$

Other Item Rate			
Mastercard Credit	\$	Visa Credit	\$
Mastercard Debit	\$	Visa Debit	\$
		Discover Network - PayPal Credit	\$
		Discover Network Debit	\$
		American Express OptBlue Credit	\$

Other Volume %			
Mastercard Credit	%	Visa Credit	%
Mastercard Debit	%	Visa Debit	%
		Discover Network - PayPal Credit	%
		Discover Network Debit	%
		American Express OptBlue Credit	%

PIN Debit

Pass Through Debit Network Fees Other Item Rate \$ _____ (per item) Other Volume Percent _____% (per item)

Fleet

WEX: Other Item Rate \$ _____ (per item) **Voyager:** Qual _____% Other Item Rate \$ _____ (per item)

TeleCheck

In-Person Warranty Mail Order Warranty Single Hold Check Warranty Multiple Hold Check Warranty In-Person Paper Warranty C.O.D. Warranty

SE # _____ Inquiry Rate _____% Per TXN Fee \$ _____ Stmt/Processing Fee \$ **5.00** Dec. Risk Surcharge **.10**%

Monthly Minimum Fee \$ _____ (Per Location) Customer Requested Operator Call (CROC) \$ **2.50** Unauthorized Return Fee \$ _____

Miscellaneous Fees

<input type="checkbox"/> Dues and Assessments	V/Mastercard Chargeback Fee (Per Item) \$ _____	V/Mastercard Retrieval Fee (12B Letter) (Per Item) \$ _____	Return Trans. Fee (Per Item) \$ _____
Sales Transaction Fee (Per Item) \$ _____	Batch Fee (Per Item) \$ _____	eIDS Access Fee (Flat Rate) \$ _____	Other: _____
EBT - Food Stamps (Per Item) \$ _____ #: _____		EBT - Cash Benefits (Per Item) \$ _____	\$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee (Acct on File) \$ _____	ACH Reject Fee (Per Item) \$ _____	Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No

O_WF_R_2610	7. SERVICE FEE SCHEDULE (cont'd)	O_WF_R_2610
Miscellaneous Fees (cont'd)		
Mastercard License Fee (Per Sales Item) \$ _____ (Sales Volume) _____ % (Flat Rate) \$ _____		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December
Visa Proc Fee (Per Item) \$ _____	Mastercard Proc Fee (Per Item) \$ _____	Visa BIN Fee (Per Item) \$ _____
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa FANF Card Present Upcharge (Flat Rate) \$ _____	Visa FANF Card Not Present Upcharge (Flat Rate) \$ _____
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
Pass Mastercard Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Mastercard Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No
Pass Discover Int'l Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization & Capture Transaction Fees		First Data Payeezy Gateway Services
Mastercard/Visa Auth & Capture Fee: \$ _____ (per item)	Discover Network PayPal Auth & Capture Fee: \$ _____ (per item)	<input type="checkbox"/> Payeezy Gateway Participation Payeezy Gateway Effective Date: _____
American Express OptBlue Auth & Capture Fee: \$ _____ (per item)	American Express Pass Through (existing) SE #: _____	Payeezy Gateway One Time Setup Fee \$ _____ (one time)
Voice Authorization \$ _____ (per item)	Electronic AVS Fee \$ _____ (per item)	Payeezy Gateway Monthly Fee \$ _____ (monthly)
Voice AVS Fee \$ _____ (per item)	ARU Fee \$ _____ (per item)	Payeezy Gateway Auth Fee \$ _____ (per item)
		Payeezy Gateway AVS Fee \$ _____ (per item)
		Payeezy PayPal Auth Fee \$ _____ (per item)
		Payeezy PayPal Sale Fee \$ _____ (per item)
		Payeezy PayPal Return Fee \$ _____ (per item)
First Data Payeezy Gateway Services Telecheck		
Payeezy Gateway TeleCheck Auth Fee \$ _____ (per item)	Payeezy Gateway TeleCheck Deposit Fee \$ _____ (per item)	Payeezy Gateway TeleCheck Adjustment Fee \$ _____ (per item)
User Defined Grid Fees		TIN/TFN & Regulatory Product Fees
Wireless Monthly Service Fee \$ _____	Supplies: _____ \$ _____	Reg. Product Fee (Monthly) \$ _____
AccessOne Fee \$ _____	Other: _____ \$ _____	TIN/TFN Invalid (Monthly) \$ _____
Customer Service Fee \$ _____	Other: _____ \$ _____	Website Usage (Per Item) \$ _____
Debit Access Fee \$ _____	Other: _____ \$ _____	
Merchant Fee Control Grid Fees		
Annual Fee \$ _____	Other: _____ \$ _____	Other: _____ \$ _____
Month _____	<input type="checkbox"/> Per item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Month _____	<input type="checkbox"/> Per item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Month _____
Commercial Card Interchange Service Fee <u>75</u> % (See Program Guide for details regarding Commercial Card Interchange Service.)		
Pass Visa BIN/ICA Fee (Note: this fee can be used for Shared Systems Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa BIN/ICA Fee Upcharge (Per Item) \$ _____	
Pass Visa Staged Digital Wallet Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Staged Digital Wallet Fee Upcharge (Per Item) \$ _____	
Pass Visa B2B Virtual Service Fees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass Visa File Transmission Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa File Transmission Transaction Fee Upcharge (Per Item) \$ _____	
Pass Visa Acquirer Credit Voucher Data Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Acquirer Credit Voucher Data Processing Fee Upcharge (Per Item) \$ _____	
Pass Visa Acquirer Data Processing International Return Fee Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Acquirer Data Processing International Return Fee Credit Upcharge (Per Item) \$ _____	
Pass Visa Acquirer Data Processing International Return Fee Debit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Acquirer Data Processing International Return Fee Debit Upcharge (Per Item) \$ _____	
Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa AFD Non Participation Fee Upcharge (Per Item) \$ _____	
Pass Visa International Acquirer Processing Fee Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa International Acquirer Processing Fee Debit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Account Verification International, Credit and Debit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass Account Name Inquiry Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Account Name Inquiry Fee Upcharge (Per Item) \$ _____	
Pass Visa APF Domestic Debit Auth Reversal Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa APF Domestic Credit Auth Reversal Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa APF International Debit Auth Reversal Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa APF International Credit Auth Reversal Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Data Consistency Domestic Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Excessive Auth Attempts Domestic & Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Fallback US Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Fallback US Fee Upcharge (Per Item) \$ _____	
Pass Visa Network Acquirer Processing (NAPF) Reversal Fees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass Visa Consumer BillPay Participation Fee (Per Item) \$ _____	Visa Consumer BillPay Participation Fee Upcharge (Per Item) \$ _____	
Pass Visa Never Approve Reattempt Fees US <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass Visa Address Verification Fee US <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Address Verification Service Fee US Upcharge (Per Item) \$ _____	
Pass Visa Integrity Detail Report Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Integrity Detail Report Fee Upcharge (Per Item) \$ _____	
Pass Visa Recurring Auth Decline Fee US <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Recurring Auth Decline Fee US Upcharge (Per Item) \$ _____	
Pass Visa Base 2 Returned Item Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Base 2 Returned Item Fee Upcharge (Per Item) \$ _____	

O_WF_R_2610		7. SERVICE FEE SCHEDULE (cont'd)		O_WF_R_2610
Merchant Fee Control Grid Fees (cont'd)				
Pass Visa Manual Cash Switch Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Manual Cash Switch Fee Upcharge	(Per Item) \$ _____	
Pass Visa Magnetic Stripe Contactless Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Magnetic Stripe Contactless Fee Upcharge	(Per Item) \$ _____	
Pass Visa CVV2 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa CVV2 Fee Upcharge	(Per Item) \$ _____	
Pass Visa Estimated Auth Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Estimated Auth Fee Upcharge	(Sales Volume) _____ %	
Pass Visa Incremental Auth Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Incremental Auth Fee Upcharge	(Sales Volume) _____ %	
Pass Visa Digital Commerce Service Fee	(Sales Volume) _____ %			
Pass Visa Digital Commerce Service Fee Minimum	(Per Item) \$ _____			
Pass Discover Card Account Verification Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Card Account Verification Fee Upcharge	(Per Item) \$ _____	
Pass Discover Network Auth Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Network Auth Fee Upcharge	(Per Item) \$ _____	
Pass Discover Program Integrity Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Program Integrity Fee Upcharge	(Per Item) \$ _____	
Pass Discover Account Verification Service Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Account Verification Service Fee Upcharge	(Per Item) \$ _____	
Pass Discover Address Verification Service Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Address Verification Service Fee Upcharge	(Per Item) \$ _____	
Pass Discover Digital Investment Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Digital Investment Fee Upcharge	(Sales Volume) _____ %	
Pass Discover Ticket Retrieval Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Ticket Retrieval Fee Upcharge	(Per Item) \$ _____	
Pass Discover Dispute Fee	(Per Item) \$ _____	Discover Retrieval Fee	(Per Item) \$ _____	
Pass PayPal Participation Authorization Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	PayPal Participation Authorization Fee Upcharge	(Sales Volume) _____ %	
Pass American Express OptBlue Access Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass American Express OptBlue Network Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue Network Fee Upcharge	(Sales Volume) _____ %	
Pass American Express OptBlue Acquirer Transaction Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue Acquirer Transaction Fee Upcharge	(Per Item) \$ _____	
Pass American Express OptBlue Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue Dispute Fee Total	(Per Item) \$ _____	
Pass American Express OptBlue Retrieval Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue Retrieval Fee Total	(Per Item) \$ _____	
Pass American Express OptBlue Program Continuation Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Mastercard Processing Integrity Fee Pre Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Processing Integrity Fee Pre Auth Upcharge	(Per Item) \$ _____	
Pass Mastercard Processing Integrity Fee Undefined Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Processing Integrity Fee Undefined Auth Upcharge	(Per Item) \$ _____	
Pass Mastercard Processing Integrity Fee Final Auth %	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Mastercard Processing Integrity Fee Final Auth Minimum Per Item	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Mastercard Processing Integrity Message Format Error Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Processing Integrity Message Format Error Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Processing Integrity Image Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Processing Integrity Image Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard BIN/ICA Fee <i>(Note: this fee can be used for Shared Systems Only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard BIN/ICA Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Kilobyte Clearing US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Kilobyte Clearing US Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Installment Purchase A, B and Refund A Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Mastercard Decline Service Fee US	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Decline Service Fee US Upcharge	(Per Item) \$ _____	
Pass Mastercard Kilobyte Auth US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Kilobyte Auth US Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard ICA AVS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard ICA AVS Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Digital Enablement Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Digital Enablement Fee Upcharge	(Sales Volume) _____ %	
Pass Mastercard Business to Business US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Business to Business US Fee Upcharge	(Sales Volume) _____ %	
Pass Mastercard SecureCode Transaction Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard SecureCode Transaction Fee Upcharge	(Flat Rate) \$ _____	
Pass Mastercard Location Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Location Fee Upcharge	(Flat Rate) \$ _____	
Pass Mastercard ACQ Interchange Downgrade Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard ACQ Interchange Downgrade Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Excessive Auth Attempts US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Excessive Auth Attempts US Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard ACQ Freight Program Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard ACQ Freight Program Fee Upcharge	(Sales Volume) _____ %	
Pass Mastercard Credential Continuity Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Credential Continuity Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Nominal Auth Amount US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Nominal Auth Amount US Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Merchant Advice Code US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Merchant Advice Code US Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Preauthorization Card Present Fee US	(Sales Volume) _____ %			
Pass Mastercard Preauthorization Card Present Fee Minimum US	(Per Item) \$ _____			

O_WF_R_2610		7. SERVICE FEE SCHEDULE (cont'd)		O_WF_R_2610
Merchant Fee Control Grid Fees (cont'd)				
Pass Mastercard Preauthorization Card Not Present Fee US	(Sales Volume) _____%			
Pass Mastercard Preauthorization Card Not Present Fee Minimum US	(Per Item) \$ _____			
Pass Retrieval Received Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retrieval Received Fax/Mail Fee Upcharge	(Per Item) \$ _____	
Pass Chargeback Received Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chargeback Received Fax/Mail Fee Upcharge	(Per Item) \$ _____	
Pass Retrieval Outgoing Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retrieval Outgoing Fax/Mail Fee Upcharge	(Per Item) \$ _____	
Pass Chargeback Outgoing Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chargeback Outgoing Fax/Mail Fee Upcharge	(Per Item) \$ _____	
Pass Visa Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Accept/No Accept Fee Upcharge	(Per Item) \$ _____	
Pass Visa Accept 0-20 US Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Accept 0-20 US Fees Upcharge	(Per Item) \$ _____	
Pass Visa Dispute Accept 21-25 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Merchant Response 0-20 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Dispute Accept 26-30 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Merchant Response 21-25 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Dispute No Acceptance Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Merchant Response 26-30 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Retrieval Fulfillment Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Case Filing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Retrieval Non-Fulfillment Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Lost Case Filing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Auto Acceptance Fee	(Per Item) \$ _____			
Pass Visa Prearbitration with Qualified Remedy Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Prearbitration with Qualified Remedy Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Accept/No Accept Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Prearbitration Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Mastercard Case Filing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Mastercard Case Withdrawal Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Mastercard Lost Case Filing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Discover Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Accept/No Accept Fee Upcharge	(Per Item) \$ _____	
Pass Discover Lost Case Filing Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Discover Inquiry Request No Response Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Inquiry Request No Response Fee Upcharge	(Per Item) \$ _____	
Pass Discover Representment Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Representment Fee Upcharge	(Per Item) \$ _____	
Pass American Express Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express Accept/No Accept Fee Upcharge	(Per Item) \$ _____	
Pass Dispute Case Mastercard DMS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dispute Case Mastercard DMS Fee Upcharge	(Per Item) \$ _____	
Pass Dispute Image Mastercard DMS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Mastercard Presentment Excessive Pages Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Dispute Image Visa DMS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dispute Image Visa DMS Fee Upcharge	(Per Item) \$ _____	
Pass Visa Pre-Compliance Image Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Incoming Pre-Dispute DMS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pass Visa Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Late Response to Dispute Fee Upcharge	(Per Item) \$ _____	
Pass Mastercard Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Late Response to Dispute Fee Upcharge	(Per Item) \$ _____	
Pass Discover Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Late Response to Dispute Fee Upcharge	(Per Item) \$ _____	
Pass American Express Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express Late Response to Dispute Fee Upcharge	(Per Item) \$ _____	
Pass STAR Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAR Debit Network Annual Fee Upcharge	(Flat Rate) \$ _____	
Pass Pulse Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulse Debit Network Annual Fee Upcharge	(Flat Rate) \$ _____	
Pass NYCE Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	NYCE Debit Network Annual Fee Upcharge	(Flat Rate) \$ _____	
Pass Accel Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accel Debit Network Annual Fee Upcharge	(Flat Rate) \$ _____	
Pass Culliance Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culliance Network Annual Fee Upcharge	(Flat Rate) \$ _____	
Pass Interlink System Integrity Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interlink System Integrity Fee Upcharge	(Per Item) \$ _____	
Pass Interlink EMV Fallback Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interlink EMV Fallback Fee Upcharge	(Per Item) \$ _____	
Pass STAR Token Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAR Token Fee Upcharge	(Per Item) \$ _____	
Pass NACHA Unauthorized Entry Fee	(Per Item) \$ _____	NACHA Unauthorized Entry Fee Upcharge	(Per Item) \$ _____	
Pass Ingenico Monthly Management Fee	(Flat Rate) \$ _____	Ingenico Monthly Management Fee Upcharge	(Flat Rate per month) \$ _____	
Other Fees	(Other) \$ _____	Other Fees	(Other) \$ _____	

O_WF_R_2610	7. SERVICE FEE SCHEDULE (cont'd)		O_WF_R_2610
Security & Compliance Fees			
Clover Security Plus	(Flat Rate per month) \$ _____	PCI Rapid Comply	(Flat Rate per month) \$ _____
PCI Rapid Comply (Compliance) & Liability Waiver	(Flat Rate per month) \$ _____	Merchant Opted Out	<input type="checkbox"/> Yes
Data Protection Only	(Flat Rate per month) \$ _____	Clover Security Essentials	(Flat Rate per month) \$ _____
Pass PCI Non Compliance Fee (Monthly)	(Flat Rate) \$ _____	TransArmor Terminal	(Flat Rate) \$ _____
Clover Fees			
Platform Access Monthly Fee	(Flat Rate) \$ _____	Clover Non-Swiped Authorization Fee	(Per Item) \$ _____
Clover Go Monthly Fee (per MID)	(Flat Rate) \$ _____		
Wireless Monthly Service Fee	(Flat Rate) \$ _____	Wireless Activation Fee	(Flat Rate) \$ _____

CONTINUED ON NEXT PAGE

O_WF_R_2610	8. EQUIPMENT/THIRD PARTY INFORMATION	O_WF_R_2610
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North <input type="checkbox"/> Nashville <input type="checkbox"/> Buypass Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the Third Party Processor used: <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Yahoo <input type="checkbox"/> 02 Authorize.net <input type="checkbox"/> 03 Cybersource <input type="checkbox"/> 04 Verifone <input type="checkbox"/> 05 Merchant Link <input type="checkbox"/> 06 Shift 4 <input type="checkbox"/> 08 FIS <input type="checkbox"/> 09 Six Payment Services Corp <input type="checkbox"/> 10 Verisign <input type="checkbox"/> 99 Other (please specify) _____ INTERNET GATEWAY: <input type="checkbox"/> First Data Global Gateway <input type="checkbox"/> Other: _____ Wireless Network: _____ PC/Internet Software _____ Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Purchase ¹ <input type="checkbox"/> Lease ² <input type="checkbox"/> Existing Terminal Model _____ Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Purchase ¹ <input type="checkbox"/> Lease ² <input type="checkbox"/> Existing Printer Model _____ Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Purchase ¹ <input type="checkbox"/> Lease ² <input type="checkbox"/> Existing PIN Pad _____ Quantity _____ <input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Purchase ¹ <input type="checkbox"/> Lease ² <input type="checkbox"/> Existing		
<p>¹ Clover Equipment Purchase Only: This is for information purposes only. Please refer to your equipment purchase agreement with POS Equipment Service Inc. for information and pricing and fees for your equipment or hardware. You are not purchasing equipment from Processor and you acknowledge and agree that Processor will have no obligation or liability relating to such purchase of equipment. Your purchase of equipment is subject to separate terms and conditions between you and the equipment seller.</p> <p>² See Equipment Lease Agreement for the Terms and Conditions governing your leased equipment.</p>		

Early Termination Fee \$ _____ The initial term of this Agreement is three years from the date of your approval by our Credit Department (the Initial Term). If you terminate this Agreement before the end of the then current term or otherwise stop processing your transactions with us, you will be charged this Early Termination Fee. After the Initial Term, subject to Part IV, Section A.3, this Agreement will automatically renew for successive 30 day periods. Merchant Initials _____

9. SIGNATURE(S)

Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program Guide and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-9), and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 5, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the TeleCheck Solutions Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being "You" and "Your" for the purposes of the TeleCheck Solutions Agreement.

On behalf of myself as an individual, the entity on whose behalf I am signing, and its principals (collectively, the Client Parties),(A) I authorize Processor, Servicers, the applicable Payment Networks, and its and their Affiliates, third party subcontractors, service providers, and/or agents: (i) to use, disclose, and exchange amongst them and externally with other third-parties, the information in the Agreement and information about each of the Client Parties, (including by requesting and sharing, personal and business consumer reports, bank references, and other information as necessary from time to time), for marketing and administrative purposes, verification purposes, purposes under the Merchant Processing Application and Agreement (MPA), if approved, product improvement, fraud, analytics and any other purposes permitted by law (and to continue to use and share such information following the termination of this Agreement); (ii) to inform me directly about the contents of requested consumer reports (including the name and address of the agency furnishing the report), and (ii) to receive any and all personal and business credit financial information from all references, including banks and consumer reporting agencies, which are hereby released to provide that information; and (B) I certify that: (i) The federal taxpayer identification number and corresponding filing name provided herein are correct; (ii) The statements made and agreed to in this MPA, to which I have not made any alterations or stricken out any language, are true, complete and accurate, and may be relied upon as current unless changed or updated per the Notice provisions of Agreement; (iii) I can read and understand the English language; (iv) I have received and read a copy of the (a) MPA (consisting of Sections 1-9), (b) Program Guide, (c) Confirmation Page (version O_WF_R_2610), and (v) I have authority to bind the entity on whose behalf I am signing below and have the appropriate consents and authority from each of the Client Parties (whether individuals or other entities) to authorize the use and sharing of data described above. Processor's privacy notice is available at www.fiserv.com/privacy.

Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC). To help the government fight the funding of terrorism and money laundering activities, Servicers obtain, verify, and record certain information including your full name, physical address, and any other information needed for identity verification purposes while processing this MPA, as described in the USA Patriot Act.

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct. Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement will not take effect until Client has been approved and this Agreement has been accepted by Processor and Bank. Acceptance by Processor and Bank will occur upon the earlier of the execution of this Merchant Processing Application and Agreement by Processor and Bank, or the commencement of the provision of the Services by Processor and Bank.

Client's Authorized Signer:

Signature X _____ Title _____	Processor: First Data Merchant Services LLC
Print Name of Signer _____ Date _____	Signature X _____ Title: _____
	Printed Name: _____ Date: _____
	Bank: Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and Mastercard International, Inc.) By: First Data Merchant Services LLC, pursuant to a limited power of attorney
	Signature X _____ Title: _____
	Printed Name: _____ Date: _____

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after revoked in writing.

Signature X _____ Print Name/Title: _____ Date _____

Authorized Signature on TeleCheck Account for ACH

Personal Guarantee: In exchange for First Data Merchant Services LLC, Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and Mastercard International, Inc.), and TeleCheck Services, LLC, (the Guaranteed Parties) acceptance of the MPA, the Agreement, and/or the Equipment Agreement and/or the TeleCheck/TRS Solutions Agreement, the undersigned (Guarantor): (A) Unconditionally and irrevocably guarantees the full payment and performance of Client's obligations (i) as they now exist or as modified under the foregoing agreements, (ii) with or without actual notice of changes, and (iii) during and after the term of the agreements; (B) Waives notice of Merchant's default; (C) Shall indemnify the Guaranteed Parties for any and all amounts due from Client; (D) Warrants, with knowledge that Guaranteed Parties are acting in full reliance on the same, this Personal Guarantee of payment, and not of collection; (E) Acknowledges that (i) the Guaranteed Parties may proceed in law directly against Guarantor and not Client, (ii) this is a continuing personal guarantee and shall not be discharged or affected for any reason, and (iii) information about the Guarantor as one of the Client Parties may be used and shared as set forth in Section 9.

Personal Guarantee Signature X _____ Print Name: _____ Date _____

Personal Guarantee Signature X _____ Print Name: _____ Date _____