

MERCHANT PROCESSING APPLICATION AND AGREEMENT

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COMPLETE SECTIONS (1-9)

Merchant #: _____

PCS2705	(1) TELL US ABOUT YOUR BUSINESS	PCS2705
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If Merchant is a sole proprietorship, then the "Client's Corporate/Legal Name" should include individual's full name including first, last, and middle initial.

Client's Business Name (Doing Business As):	Client's Corporate/Legal Name (Use Also for Headquarter's Information):
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Business Address:	Billing Address (If Different Than Location Address):
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City:	State:	Zip:	City:	State:	Zip:
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Location Phone #:	Location Fax #:	Customer Service Number:	Contact Name:
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Business E-mail Address:	Contact Phone #:	Fax #:
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Business Website Address:	Contact E-Mail Address:
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Send Retrieval Requests / Fax Type to: <input type="checkbox"/> Business Address <input type="checkbox"/> Fax #:	*SIC/MCC:
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Statement Type: (check one) <input type="checkbox"/> Detail <input type="checkbox"/> Summary	Statement Delivery Method: (check one) <input type="checkbox"/> E-Mail <input type="checkbox"/> Online <input type="checkbox"/> Print and Mail
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Billing to be processed <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	
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*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). 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

(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS OPTBLUE®

Total Monthly Card Sales Volume: \$ _____	Estimated Average Ticket / Sales Amount: \$ _____	Estimated High Ticket Amount: \$ _____
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Monthly Mastercard/Visa Volume: \$ _____	Monthly Discover/PayPal Volume: \$ _____	
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Monthly AMEX OptBlue Volume: \$ _____	AMEX OptBlue Estimated Average Ticket / Sales Amount: \$ _____	
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(3) ENTITLEMENTS

<input type="checkbox"/> MC/Visa/Discover Full Processing/Amex Opt Blue	(Discover Network systems and rules will process and govern JCB, CUP, Diners Club International, and BC Card Transactions. Select Discover Full Processing if JCB is requested.)
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<input type="checkbox"/> Amex - Existing Direct SE# _____	<input type="checkbox"/> American Express Cap # _____ Franchise Name: _____
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<input type="checkbox"/> Discover - Existing Retained SE # _____	<input type="checkbox"/> Non-Lic. JCB (EDC) - Existing Account # _____
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<input type="checkbox"/> PIN Debit	<input type="checkbox"/> EBT FNS # (XREF): _____ <input type="checkbox"/> EBT Cash
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<input type="checkbox"/> WEX Full Acquiring <input type="checkbox"/> WEX Non-Full Svc <input type="checkbox"/> WEX Crossroads <input type="checkbox"/> Voyager <input type="checkbox"/> Tax exempt Voyager <input type="checkbox"/> MC Fleet <input type="checkbox"/> Fleetcor ID _____	
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(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Year Started: _____	<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit/Tax Exempt <input type="checkbox"/> Public Corp. <input type="checkbox"/> Private Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Gov't.
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Check one: TIN TYPE: <input type="checkbox"/> EIN (Fed Tax ID #) _____	<input type="checkbox"/> SSN _____	<input type="checkbox"/> D&B # _____
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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.)

Name (as it appears on your income tax return; if Sole Proprietorship, 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.)
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Mag Swipe _____% + Keyed Manually* _____% = 100% *If 50% or more is manually keyed please provide the MOTO Addendum

Product/Services You Sell: _____

Card Present (MAG Swipe and/or Manual Imprint) _____% + Mail Order/Direct Marketing _____% + Phone Order _____% + Internet _____% = 100%

Does your business offer products and/or services to customers through a mobile application?☐Yes ☐No If so, list name of mobile application: _____

Do you use any third party to store, process or transmit cardholder data?☐Yes ☐No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)

If yes, give name/address: _____

Return Policy: ☐ Full Refund ☐ Exchange Only ☐ None

Will transactions be in currencies other than the U.S. Dollar (USD)? ☐Yes ☐No

Previous Processor: _____ Your Previous Merchant #: _____

Check Reason for Changing: ☐ Rate ☐ Service ☐ Terminated ☐ Other: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: <input type="checkbox"/> CARDnet® <input type="checkbox"/> Nashville <input type="checkbox"/> Buypass <input type="checkbox"/> Other: _____	Specify Security Code: (_____)
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QTY	IP	Equipment Type	Model Code and Name	Reprogram/New Deployment
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Instructions: ☐ Clerk / Server Entry ☐ Retail With Tip ☐ Auto Settle Time _____ ☐ Debit Cash Back _____

VAR/Internet/Software: Name: _____

PLEASE SEND COMPLETED INFORMATION TO: Petroleum Card Services

Phone: 866.427.7297 * Email: Applications@pcs4fuel.com

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Petroleum Card Services is a registered Independent Sales Organization of Wells Fargo Bank, N.A., Concord, CA

Merchant Initials _____



MERCHANT PROCESSING APPLICATION AND AGREEMENT

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Petroleum Card Services

DBA Name: _____

Merchant #: _____

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(6) PROVIDE YOUR OWNER INFORMATION

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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: _____ Date of Birth: _____ Social Security #: _____ Ownership %: _____
Title: _____ Home Phone: _____ Owner's E-Mail Address: _____
(Required for Click to Agree)
Home Address: _____ City: _____ State: _____ Zip: _____

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: _____ Date of Birth: _____ Social Security #: _____ Ownership %: _____
Title: _____ Home Phone: _____ Owner's E-Mail Address: _____
(Required for Click to Agree)
Home Address: _____ City: _____ State: _____ Zip: _____

Owner 2

Name: _____ Date of Birth: _____ Social Security #: _____ Ownership %: _____
Title: _____ Home Phone: _____ Owner's E-Mail Address: _____
(Required for Click to Agree)
Home Address: _____ City: _____ State: _____ Zip: _____

Owner 3

Name: _____ Date of Birth: _____ Social Security #: _____ Ownership %: _____
Title: _____ Home Phone: _____ Owner's E-Mail Address: _____
(Required for Click to Agree)
Home Address: _____ City: _____ State: _____ Zip: _____

Owner 4

Name: _____ Date of Birth: _____ Social Security #: _____ Ownership %: _____
Title: _____ Home Phone: _____ Owner's E-Mail Address: _____
(Required for Click to Agree)
Home Address: _____ City: _____ State: _____ Zip: _____

(7) IC PLUS / TIER / FLAT RATE PRICING SCHEDULE

Start-Up Fees (One-Time Charge)		Authorization and AVS Fees		Other Fees	
Non-Taxable Fees:		MC / Visa Auth Fee (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ _____		Early Termination Fee** \$ _____	
Application Fee (Non-Refundable)	(32I) \$ _____	Discover Auth Fee (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) \$ _____		Annual Membership Fee (294) \$ _____	
Account Validation Fee (One-time fee charged at time of boarding)	(182) \$ _____	Amex Auth Fee (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ _____		Chargeback Fee (ZZ9) \$ _____	
Reprogramming Fee	(31A) \$ _____	MC/Visa/Discover/Amex Voice AVS (039, 049, 069, 079, 03A, 04A, 06A, 07A) \$ _____		Retrieval Fee (285) \$ _____	
Debit Set-up Fee	(31B) \$ _____	MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 036, 037, 045, 046, 047, 065, 066, 067, 075, 076, 077) \$ _____		Batch Settlement Fee (227) \$ _____	
Billed Monthly Fees		AVS Fee (405, 406, 407, 408, 435, 07B, 07C, 03B, 03C, 04B, 04C, 06B, 06C) \$ _____		EBT Purchase/Return/Decline (029,02Y,02X) \$ _____	
Monthly Service Fee	(335) \$ _____	Fleet Card Fees		Visa/MC/Disc Access Fee (241, 197, 526) \$ _____	
Minimum Processing Fee	(953) \$ _____	Authorization Fees		Visa Ntwk Acq Proc Fee US Cr (04H) \$ _____	
Monthly ClientLine® Fee	(32R) \$ _____	Voyager (0D0, 0D1, 0DV) \$ _____		Visa Ntwk Acq Proc Fee US DB/PP (04J) \$ _____	
eIDS Monthly Fee	(29E) \$ _____	WEX (0D4) \$ _____		NABU Fee (60M, 0B4) \$ _____	
Regulatory Product Fee	(35I) \$ _____	Fleetcor (0B3) \$ _____		ACH Reject Fee (401) \$ _____	
Monthly Statement Fee	(323) \$ _____	Other Payment Fees		Non Return of Equipment Fee \$ _____	
TIN/TFN Blank or Invalid Fee (as applicable)	(181) \$ _____	Voyager Sales Discount Fee (766) %		Product Fees	
Merchant Supply Advantage	(413) \$ _____	Wright Express Sales Discount Fee (840, 841, 842, 843) %		TransArmor Monthly Fee (30L) \$ _____	
Network Access Fee - Debit	(420) \$ _____	Datawire Micronode		Service Protection Program (31Y) \$ _____	
Monthly Advantage Fee	(158) %	Monthly Fee (each) (354) \$ _____		Fraud Mgmt Program (Y67) \$ _____	
ESP Monthly	(Y66) \$ _____			Mobile Pay Monthly Fee (472) \$ _____	
ESP Non-Compliance Fee	(Y65) \$ _____			Monthly Gateway Support Fee (417) \$ _____	
Misc. Fee: _____ () \$ _____				*Visa/MC CCIS Enrollment <input type="checkbox"/> (63V, 63M) %	
				Premium Equipment SVC (32U) \$ _____	

In addition, the card brands (Visa, Mastercard, American Express, Discover, etc.) may charge various additional fees under certain circumstances, which are referred to as "pass through fees" because, if charged, are passed through by us to the Merchant. Pass through fees may include, by way of example only, verification fees, authorization fees, international transaction fees, return fees, arbitration fees related to disputed chargebacks, data usage fees, and PIN Debit Annual Fees, among others.

* Commercial Card Interchange Service ("CCIS"). See Program Guide for details regarding Commercial Card Interchange Service. When the sales tax is computed on your behalf under CCIS, you will retain 25% of the interchange savings.

** Early Termination Fee. See Part IV, Section A.3 of the Program Guide.

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Petroleum Card Services is a registered Independent Sales Organization of Wells Fargo Bank, N.A., Concord, CA

Merchant Initials _____

DBA Name: _____ Merchant #: _____

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(7) IC PLUS / TIER / FLAT RATE PRICING SCHEDULE (cont'd)

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☐ **Pass Through Interchange** - Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .14%, a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .165%. American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$ _____ (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	Discount (Based on Sales + Returns Vol.)	Discount (Based on Sales + Returns Vol.)	Discount (Based on Sales + Returns Vol.)	Discount (Based on Sales + Returns Vol.)
American Express Sales Credit Transaction Fee \$ _____ (013, 014)	MC Qual Credit (800, 801) _____%	Visa Qual Credit (804, 805) _____%	Discover Qual Credit (170, 171) _____%	American Express Qual Credit (164) _____%
	MC Qual Non PIN Debit (850, 851) _____%	Visa Qual Non PIN Debit (854, 855) _____%	Discover Qual Non PIN Debit (964, 965) _____%	American Express Program Cost (3AL) _____%

Unbundled PIN Debit - Txn Fee (018) \$ _____ Unbundled PIN Debit Discount Fee (Key 190) _____% (plus the applicable network fees) PIN Debit Decline Transaction Fee (42R) \$ _____

Tier

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit (800, 801) _____%	(001, 002) \$ _____	Visa Non-Qualified Non-PIN Debit (864, 865) _____%	(154, 155) \$ _____		
MC Mid-Qualified Credit (810, 811) _____%	(611, 612) \$ _____	Discover Qualified Credit (170, 171) _____%	(015, 016) \$ _____		
MC Non-Qualified Credit (820, 821) _____%	(621, 622) \$ _____	Discover Mid-Qualified Credit (990, 991) _____%	(717, 718) \$ _____		
MC Qualified Non-PIN Debit (850, 851) _____%	(130, 131) \$ _____	Discover Non-Qualified Credit (994, 995) _____%	(721, 722) \$ _____		
MC Mid-Qual Non-PIN Debit (870, 871) _____%	(140, 141) \$ _____	Discover Qualified Non-PIN Debit (964, 965) _____%	(787, 788) \$ _____		
MC Non-Qual Non-PIN Debit (880, 881) _____%	(150, 151) \$ _____	Discover Mid-Qualified Non-PIN Debit (968, 969) _____%	(791, 792) \$ _____		
Visa Qualified Credit (804, 805) _____%	(005, 006) \$ _____	Discover Non-Qualified Non-PIN Debit (978, 979) _____%	(795, 796) \$ _____		
Visa Mid-Qualified Credit (814, 815) _____%	(615, 616) \$ _____	American Express Qualified Credit (164) _____%	(013, 014) \$ _____		
Visa Non-Qualified Credit (824, 825) _____%	(625, 626) \$ _____	American Express Mid-Qualified Credit (81C) _____%	(62T, 62U) \$ _____		
Visa Qual Non-PIN Debit (854, 855) _____%	(134, 135) \$ _____	American Express Non-Qualified Credit (82A) _____%	(65S, 65T) \$ _____		
Visa Mid-Qual Non-PIN Debit (874, 875) _____%	(144, 145) \$ _____	American Express Program Cost (3AL) _____%			

Flat Rate

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qual Credit (800, 801) _____%	(001, 002) \$ _____	Discover Qual Credit (170, 171) _____%	(015, 016) \$ _____		
MC Qual Non-PIN Debit (850, 851) _____%	(130, 131) \$ _____	Discover Qual Non-PIN Debit (964, 965) _____%	(787, 788) \$ _____		
Visa Qual Credit (804, 805) _____%	(005, 006) \$ _____	American Express Qual Credit (164) _____%	(013, 014) \$ _____		
Visa Qual Non-PIN Debit (854, 855) _____%	(134, 135) \$ _____	American Express Program Cost (3AL) _____%			

☐ Dues & Assessments (273, 274, 234, 237, 286, 27L) ☐ Bundled PIN Debit (190) _____% (191) \$ _____ ☐ Billback Non-Qualified Surcharge Fee (excluding interchange pass-through fees) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) _____%

Discount Fees (Based On Gross Sales Volume)

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

Mastercard Acceptance ☐ Accept MC Credit transactions only ☐ Accept MC Non-PIN Debit transactions only **Visa Acceptance** ☐ Accept Visa Credit transactions only ☐ Accept Visa Non-PIN Debit transactions only **Discover Acceptance** ☐ Accept Discover Credit transactions only ☐ Accept Discover Non-PIN Debit transactions only **American Express OptBlue® Acceptance** ☐ Accept American Express Credit transactions only **Discover Network - PayPal** ☐ Discover Network PayPal Credit transactions

You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See the Program Guide).

BANKING INFORMATION

Bank Name:	Phone Number:
Routing Number:	Account Number:
2nd Bank Account Information:	
Bank Name:	Phone Number:
Routing Number:	Account Number:

DBA Name: _____ Merchant #: _____

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(8) AGREEMENT APPROVAL

PCS2705

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 by 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 4, 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 (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 N_WF_R_2705), 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 Petroleum Card Services 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.

FAIR CREDIT REPORTING ACT CONSENT: YOU UNDERSTAND THAT BY SELECTING THE I AGREE BOX IMMEDIATELY FOLLOWING THIS NOTICE AND SIGNING BELOW, YOU ARE PROVIDING 'WRITTEN INSTRUCTIONS' TO PAYSAFE PAYMENT PROCESSING SOLUTIONS, LLC ("PAYSAFE") UNDER THE FAIR CREDIT REPORTING ACT, AUTHORIZING PAYSAFE TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT REPORT OR OTHER INFORMATION FROM EXPERIAN AND/OR OTHER CREDIT REPORTING AGENCY ("CONSENT"). YOU AUTHORIZE PAYSAFE TO OBTAIN SUCH INFORMATION IN CONNECTION WITH YOUR APPLICATION FOR COMMERCIAL PAYMENT CARD SERVICES AND ANY OTHER APPLICATION YOU SUBMIT TO PAYSAFE FOR ADDITIONAL SERVICES.

Client's Business Principal/Officer: ☐ I Agree

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

**PROCESSOR: For Paysafe Payment Processing Solutions, LLC
dba Petroleum Card Services**

Signature **X** _____ Title: _____

Printed Name: _____ Date: _____

Client's Business Principal/Officer: ☐ I Agree

Signature **X** _____ Title _____

Print Name of Signer _____ 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: _____

Client's Business Principal/Officer: ☐ I Agree

Signature **X** _____ Title _____

Print Name of Signer _____ Date _____

FAIR CREDIT REPORTING ACT CONSENT: YOU UNDERSTAND THAT BY SELECTING THE I AGREE BOX IMMEDIATELY FOLLOWING THIS NOTICE AND SIGNING BELOW, YOU ARE PROVIDING 'WRITTEN INSTRUCTIONS' TO PAYSAFE PAYMENT PROCESSING SOLUTIONS, LLC ("PAYSAFE") UNDER THE FAIR CREDIT REPORTING ACT, AUTHORIZING PAYSAFE TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT REPORT OR OTHER INFORMATION FROM EXPERIAN AND/OR OTHER CREDIT REPORTING AGENCY ("CONSENT"). YOU AUTHORIZE PAYSAFE TO OBTAIN SUCH INFORMATION IN CONNECTION WITH YOUR APPLICATION FOR COMMERCIAL PAYMENT CARD SERVICES AND ANY OTHER APPLICATION YOU SUBMIT TO PAYSAFE FOR ADDITIONAL SERVICES.

(9) PERSONAL GUARANTY

Personal Guarantee: In exchange for Petroleum Card Services and 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 8.

Signature (Please sign below): ☐ I Agree

X _____, an individual

Signature (Please sign below): ☐ I Agree

X _____, an individual