

**MERCHANT PROCESSING APPLICATION AND AGREEMENT**



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

**I. BUSINESS INFORMATION**

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 #:		
Customer Service Ph #:	Customer Service E-mail Address:		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		
<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		<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)			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 section \_\_\_\_\_ of your Program Guide for further information.)

SIC/MCC:	Detailed Explanation of Type of Merchandise, Products or Services Sold:
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**2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS**

Are you using a Vendor?  Yes  No If yes, please supply a copy of Vendor's report.

<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"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</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</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 MC/Visa/Discover® Network/ Amer. Express OnePoint Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one:  <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/Visa/Discover Network Credit  <input type="checkbox"/> American Express OnePoint Credit                  If MC/Visa/Discover Network/American Express OnePoint 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. Your 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><b>Mail / Telephone Order / Business to Business / Internet Information</b>                  (All Questions must be Answered)</p> <p>1. What % of total sales represent business to business (vs business to consumer):                  Business to Business _____% + Business to Consumer _____% = <b>100%</b> (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer):                  Business to Business _____% + Business to Consumer _____% = <b>100%</b> (total sales)</p> <p>3. What is the time frame from transaction to delivery? (% of orders delivered in):                  0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = <b>100%</b></p> <p>4. MC/Visa/Discover Network/American Express OnePoint sales are deposited (check one):  <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If vendor, add                  Name: _____                  Address: _____                  City: _____ State: _____ Zip: _____ Phone: _____                  Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary):</p> <p>6. 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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3. COMPANY HISTORY										
Date Business Started:		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal								
TRADE REFERENCE 1					TRADE REFERENCE 2					
Vendor Name:					Vendor Name:					
Address:					Address:					
City:		State:	Zip:		City:		State:	Zip:		
Contact Name:					Contact Name:					
Contact Telephone:		Vendor Acct. #:			Contact Telephone:		Vendor Acct. #:			
4. OWNERS / PARTNERS / OFFICERS										
OWNER / PARTNER / OFFICER 1					OWNER / PARTNER / OFFICER 2					
Name: (First, MI, Last)				% Ownership:	Name: (First, MI, Last)				% Ownership:	
Title:					Title:					
Home Address: (No P.O. Box)					Home Address: (No P.O. Box)					
City:		State:	Zip:	Country:		City:		State:	Zip:	Country:
Telephone #:		Social Security #:			Telephone #:		Social Security #:			
D.O.B.:	DI #:	State:			D.O.B.:	DI #:	State:			
5. SETTLEMENT INFORMATION										
Deposit Bank:					Bank Contact:					
Transit / ABA #:					Deposit Account #:					
ACH Detail Flag: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate (defaults to Combined if option not selected)										
6. EQUIPMENT/THIRD PARTY INFORMATION										
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, give name/address: _____										
Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____										
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"/> Lease	<input type="checkbox"/> Existing			
Terminal Model _____		Quantity _____		<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing			
Printer Model _____		Quantity _____		<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing			
PIN Pad _____		Quantity _____		<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing			
<b>LEASE COMPANY: (04) First Data Global Leasing Lease Term: ____ Mos. Annual Tax Handling Fee: 10.20</b>										
<b>Total Monthly Lease Charge: \$ _____ w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)</b>										
Address			City		State	Zip	Attention:			
7. GRID INFORMATION - INTERNAL USE ONLY										
MC CREDIT MPG ID _____		VISA CREDIT MPG ID _____		DISCOVER NETWORK CREDIT MPG ID _____		AUTHORIZATION GRID ID#:				
MC DEBIT MPG ID _____		VISA DEBIT MPG ID _____		DISCOVER NETWORK DEBIT MPG ID _____		_____				
MC CREDIT TIERED GRID ID _____		VISA CREDIT TIERED GRID ID _____		DISCOVER NETWORK CREDIT TIERED GRID ID _____		USER DEFINED GRID ID#:				
MC DEBIT TIERED GRID ID _____		VISA DEBIT TIERED GRID ID _____		DISCOVER NETWORK DEBIT TIERED GRID ID _____		_____				
8. TRANSACTION INFORMATION										
FINANCIAL DATA						WHERE IS SALE TRANSACTED? (Must = 100%)				
Gross YEARLY Sales Vol. (Cash + Credit + Debit + Check) \$ _____		Avg. MC/Visa/Discover Network Ticket (Estimate If Never Processed in Past) \$ _____		Store Front/Swiped _____ %		Internet _____ %		Mail Order _____ %		
Average YEARLY MC/Visa Volume \$ _____		Avg. American Express OnePoint Ticket \$ _____		Telephone Order _____ %		Total _____ %		100 %		
Average YEARLY Discover Network Volume \$ _____		Highest Ticket Amount \$ _____		Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes		High Volume Months Open: _____				

Merchant Initials: \_\_\_\_\_

**9. SERVICE FEE SCHEDULE**

**Authorization & Capture Transaction Fees**

MC/Visa Auth & Capture Fee: \$ _____ (Per Item)	Discover Network Auth & Capture Fee: \$ _____ (Per Item)	TransArmor Auth Fee \$ _____ (Per Item) <i>(Reserved for future use)</i>
<input type="checkbox"/> American Express OnePoint/Full Service (EDC) <b>or</b> <input type="checkbox"/> American Express ESA/Pass Through		Voice Authorization \$ _____ (Per Item)
American Express Authorization: \$ _____ (Per Item)	JCB Authorization: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)
Amer. Express ESA/Pass Through SE #: _____	JCB SE #: _____	Voice AVS Fee \$ _____ (Per Item)
		ARU Fee \$ _____ (Per Item)

**Miscellaneous Fees**

**Monthly Fees**

<input type="checkbox"/> Dues and Assessments	Chargeback Fee \$ _____ (Per Item)	Retrieval Fee (12B Letter) \$ _____ (Per Item)	Return Trans. Fee \$ _____ (Per Item)	Wireless Fee \$ _____
Sales Transaction Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ _____ (One Time Fee)		eMerchantView Access Fee \$ _____
EBT - Food Stamps \$ _____ (Per Item) #:	EBT - Cash Benefits \$ _____ (Per Item)	Other: \$ _____		Customer Service Fee \$ _____
Annual Fee \$ _____	MC Other Item Rate \$ _____	Visa Other Item Rate \$ _____		Debit Access Fee \$ _____
Discover Network Other Item Rate \$ _____	Amex ESA Other Item Rate \$ _____	Amex OnePoint Other Item Rate \$ _____	Amex OnePoint Other Volume % _____	JCB Other Item Rate \$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Account on File)	Pass Visa ACQ ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Supplies: _____ \$ _____
Pass Visa Acquirer Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Authorization Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa International Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ \$ _____
Pass MC Acquirer Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC National Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		_____ \$ _____
Pass Discover Int'l Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ \$ _____

**Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)**

<b>MasterCard Acceptance</b>	<b>Visa Acceptance</b>	<b>Discover Network Acceptance</b>
<input type="checkbox"/> Accept MC Credit Transactions <i>only</i>	<input type="checkbox"/> Accept Visa Credit Transactions <i>only</i>	<input type="checkbox"/> Accept Discover Network Credit Transactions <i>only</i>
<input type="checkbox"/> Accept MC Non-PIN Debit Trans. <i>only</i>	<input type="checkbox"/> Accept Visa Non-PIN Debit Trans. <i>only</i>	<input type="checkbox"/> Accept Discover Network Non-PIN Debit Trans. <i>only</i>
<input type="checkbox"/> <b>Discount Collected</b> <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	See Section 1.9 of the Program Guide for details regarding limited acceptance.	

**Tiered**

**Discount Fees (Based on Gross Sales Volume)**

	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Disc. Network Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Disc. Network Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$	Discover Network Qual Debit	%	\$
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$	Disc. Network Mid-Qual Debit	%	\$
MC Worldcard Non-Qual	%	\$				Disc. Network Non-Qual Debit	%	\$
MC Qual Debit	%	\$	Visa Qual Debit	%	\$			
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$			

**ERR**

	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%

**Pass Through Interchange - Includes Dues and Assessments**

Other Item Rate \$ _____ (per item)		Discount (Based on Gross Sales Volume)	Discount (Based on Gross Sales Volume)
Other Volume Percent (Based on Net Volume) _____%	MC Qual Credit %	Visa Qual Credit %	Discover Network Qual Credit %
	MC Qual Debit %	Visa Qual Debit %	Discover Network Qual Debit %

**PIN Debit**

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

**American Express OnePoint**

**TeleCheck**

<table style="width:100%;"> <tr> <th>Rate</th> <th>Per Item</th> <th>Rate</th> <th>Per Item</th> </tr> <tr> <td><input type="checkbox"/> Retail**</td> <td>_____ % \$ _____</td> <td><input type="checkbox"/> Lodging</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/> Restaurant**</td> <td>_____ % \$ _____</td> <td><input type="checkbox"/> Services, Wholesale and All Other</td> <td>_____ % \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Fast Food Restaurant</td> <td>_____ %</td> <td><input type="checkbox"/> Tuition</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/> Mail Order &amp; Internet</td> <td>_____ %</td> <td><input type="checkbox"/> Healthcare - Office Based Doctors/Dentists</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/> Supermarkets</td> <td>_____ %</td> <td><input type="checkbox"/> Telecommunications</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/> Travel &amp; Transp.</td> <td>_____ %</td> <td><input type="checkbox"/> Independent Gas Station</td> <td>_____ %</td> </tr> <tr> <td><input type="checkbox"/> Other Transp.</td> <td>_____ %</td> <td></td> <td></td> </tr> </table>	Rate	Per Item	Rate	Per Item	<input type="checkbox"/> Retail**	_____ % \$ _____	<input type="checkbox"/> Lodging	_____ %	<input type="checkbox"/> Restaurant**	_____ % \$ _____	<input type="checkbox"/> Services, Wholesale and All Other	_____ % \$ _____	<input type="checkbox"/> Fast Food Restaurant	_____ %	<input type="checkbox"/> Tuition	_____ %	<input type="checkbox"/> Mail Order & Internet	_____ %	<input type="checkbox"/> Healthcare - Office Based Doctors/Dentists	_____ %	<input type="checkbox"/> Supermarkets	_____ %	<input type="checkbox"/> Telecommunications	_____ %	<input type="checkbox"/> Travel & Transp.	_____ %	<input type="checkbox"/> Independent Gas Station	_____ %	<input type="checkbox"/> Other Transp.	_____ %			<input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> Warranty <input type="checkbox"/> ECA SE Number _____ <b>TeleCheck Rates &amp; Fees</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Inquiry Rate _____ %    ACH Processing Fee \$ <b>5.00</b> December Risk Surcharge <b>.10</b> %    Client Requested Operator Call (CROC) \$ <b>2.50</b> Per TXN Fee \$ _____    ECA Chargeback Fee \$ <b>5.00</b> Monthly Minimum Fee (Per Location) \$ <b>25.00</b> <i>(Only charged when entitled with TeleCheck)</i>
Rate	Per Item	Rate	Per Item																														
<input type="checkbox"/> Retail**	_____ % \$ _____	<input type="checkbox"/> Lodging	_____ %																														
<input type="checkbox"/> Restaurant**	_____ % \$ _____	<input type="checkbox"/> Services, Wholesale and All Other	_____ % \$ _____																														
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<input type="checkbox"/> Mail Order & Internet	_____ %	<input type="checkbox"/> Healthcare - Office Based Doctors/Dentists	_____ %																														
<input type="checkbox"/> Supermarkets	_____ %	<input type="checkbox"/> Telecommunications	_____ %																														
<input type="checkbox"/> Travel & Transp.	_____ %	<input type="checkbox"/> Independent Gas Station	_____ %																														
<input type="checkbox"/> Other Transp.	_____ %																																

**Fleet**

\*\*0.30% downgrade will be charged for transactions whenever a CNP (Card Not Present) charge occurs. CNP means a charge for which the card is not presented at the point of purchase (e.g. charges by mail, telephone or internet), is used at unattended establishments (e.g. customer activated terminals), or for which the transaction is key entered.

<b>Wright Express:</b>	Other Item Rate \$ _____ (per item)
<b>Voyager:</b> Qual _____ %	Other Item Rate \$ _____ (per item)

Merchant Initials: \_\_\_\_\_

**10. 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 (Version \_\_\_\_\_) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. 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 8, 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 Equipment Lease Agreement and the American Express Card Acceptance Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the American Express Card Acceptance Agreement. Client authorizes First Data Merchant Services Corporation ("FDMS") and Wells Fargo Bank, N.A. ("Bank") and their Affiliates to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes FDMS and BANK and their Affiliates (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. Each of the undersigned authorizes us and our Affiliates to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received from all references, including banks and consumer reporting agencies. It is our policy to obtain certain information in order to verify your identity while processing your account application.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for FDMS to perform services for AXP or in AXP's standard Card acceptance program, which has different servicing terms (e.g., different speeds of pay). I understand that if the entity does not qualify for the FDMS servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

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.

**Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.**

**Client's Business Principal/Officer:**

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Signature **X** \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_ Print Name of Signer \_\_\_\_\_

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee:** The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. FDMS and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of FDMS and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement, the American Express Card Acceptance Agreement, and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

**Personal Guarantee**

Signature **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee**

Signature **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**Accepted By First Data Merchant Services Corporation**

**Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598**

Signature **X** \_\_\_\_\_ Signature **X** \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_