

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 Phone #: \_\_\_\_\_ Customer Service E-mail Address: \_\_\_\_\_ Send Retrieval Requests to:  Business Location  Corp/Legal Location  
Send Merchant Monthly Statement to:  Business Location  Corp/Legal Location

INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: \_\_\_\_\_ State: \_\_\_\_\_  
 CORPORATION - CHAPTER S, C State: \_\_\_\_\_  
 MEDICAL OR LEGAL CORPORATION State: \_\_\_\_\_  
 TAX EXEMPT ORGANIZATION (501C) State: \_\_\_\_\_  
 INTERNATIONAL ORGANIZATION Location Filed: \_\_\_\_\_  
 ASSOCIATION/ESTATE/TRUST State Filed: \_\_\_\_\_  
 GOVERNMENT (Federal, State, Local)  
 LIMITED LIABILITY COMPANY State Filed: \_\_\_\_\_  
 PARTNERSHIP State Filed: \_\_\_\_\_

Name (as it appears on your income tax return) \_\_\_\_\_ FEDERAL TAX ID # (as it appears on your income tax return) \_\_\_\_\_  
 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 III, Section A.3 of your Program Guide for further information.)

SIC/MCC: \_\_\_\_\_ Detailed Explanation of Type of Merchandise, Products or Services Sold: \_\_\_\_\_

**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.

1. Zone:  Business District  Industrial  Residential  
2. Location:  Mall  Office  Home  Shopping Area  
 Mixed  Apartment  Isolated  
3. How many employees: \_\_\_\_\_  
4. How many registers / Terminals: \_\_\_\_\_  
5. Is proper license visible?  Yes  
 No, explain: \_\_\_\_\_  
6. Where is the merchant name displayed at the site?  
 Window  Door  Store Front  
7. Merchant Occupies:  Ground Floor  Other: \_\_\_\_\_  
8. # of Floors/Levels:  1  2-4  5-10  11+  
9. Remaining Floor(s) Occupied by:  
 Residential  Commercial  Combination  
10. Approximate Square Footage:  
 0-250  251-500  501-2,000  2,001 plus  
11. Are customers required to leave a deposit?  
 No  Yes If Yes, % of deposit required: \_\_\_\_\_%  
12. Return Policy:  Full Refund  Exchange Only  None  
13. Do you have a refund policy for MC / Visa / Discover® Network / Amer. Express OnePoint Sales?  Yes  No If yes, check one:  
 Exchange  Store Credit  
 MC / V / Discover Network / American Express OnePoint Credit  
If MC / Visa / Discover Network / American Express OnePoint Credit, within how many days do you submit credit transactions?  
 0-3  4-7  8-14  Over 14  
14. Advertising Method (Attach at least one):  
 Catalog  Brochure  Direct Mail  TV/Radio  
 Internet  Phone  Newspaper/Journals  Other  
*Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.*

15. Your Previous Processor: \_\_\_\_\_  
16. Check Reason For Leaving:  
 Rate  Service  Terminated  Other: \_\_\_\_\_

**Mail / Telephone Order / Business to Business / Internet Information**  
(All Questions must be Answered)

1. What % of total sales represent business to business (vs business to consumer):  
Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = **100%** (total sales)  
2. What % of bankcard sales represent business to business (vs business to consumer):  
Business to Business \_\_\_\_\_% + Business to Consumer \_\_\_\_\_% = **100%** (total sales)  
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 \_\_\_\_\_% = **100%**  
4. MC / Visa / Discover Network / American Express OnePoint sales are deposited (check one):  
 Date of order  Date of delivery  Other (specify): \_\_\_\_\_  
5. Who performs product / service fulfillment?  Direct  Vendor  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):

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)?  Yes  No

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

|  |                           |   |   |   |                                  |
|--|---------------------------|---|---|---|----------------------------------|
| OmahaWF1410  | <b>3. COMPANY HISTORY</b> |   |   |   | OmahaWF1501(ia)                  |
| Date Business Started: _____   |                           | Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal |   |   |                                  |
| <b>TRADE REFERENCE 1</b>   |                           |   | <b>TRADE REFERENCE 2</b>  |   |                                  |
| Vendor Name: _____   |                           |   | Vendor Name: _____  |   |                                  |
| Address: _____   |                           |   | Address: _____  |   |                                  |
| City: _____  | State: _____              | Zip: _____  | City: _____   | State: _____  | Zip: _____                       |
| Contact Name: _____  |                           |   | Contact Name: _____   |   |                                  |
| Contact Telephone: _____   |                           | Vendor Acct. #: _____   |   | Contact Telephone: _____  |                                  |
|  |                           |   |   | Vendor Acct. #: _____   |                                  |
| <b>4. OWNERS / PARTNERS / OFFICERS</b>   |                           |   |   |   |                                  |
| <b>OWNER / PARTNER / OFFICER 1</b>   |                           |   | <b>OWNER / PARTNER / OFFICER 2</b>  |   |                                  |
| 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: _____                     |
| Telephone #: _____   | Social Security #: _____  |   | Telephone #: _____  | Social Security #: _____  |                                  |
| D.O.B.: _____  | DL #: _____               | State: _____  | D.O.B.: _____   | DL #: _____   | State: _____                     |
| <b>5. SETTLEMENT INFORMATION</b>   |                           |   |   |   |                                  |
| 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)   |                           |   |   |   |                                  |
| <b>6. EQUIPMENT/THIRD PARTY INFORMATION</b>  |                           |   |   |   |                                  |
| 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: _____                 |
| <b>7. GRID INFORMATION - INTERNAL USE ONLY</b>   |                           |   |   |   |                                  |
| MC CREDIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>   |                           | VISA CREDIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>  |   | DISCOVER NETWORK<br>CREDIT MPG ID _____<br><i>8-position Alpha/Numeric</i>                  |                                  |
| MC DEBIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>  |                           | VISA DEBIT<br>MPG ID _____<br><i>8-position Alpha/Numeric</i>   |   | DISCOVER NETWORK<br>DEBIT MPG ID _____<br><i>8-position Alpha/Numeric</i>                   |                                  |
| MC CREDIT<br>TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i>  |                           | VISA CREDIT<br>TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i>   |   | DISCOVER NETWORK<br>CREDIT TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i> |                                  |
| MC DEBIT<br>TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i>   |                           | VISA DEBIT<br>TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i>  |   | DISCOVER NETWORK<br>DEBIT TIERED GRID ID _____<br><i>8-pos. Alpha/Numeric (Client Use)</i>  |                                  |
|  |                           |   |   |   | AUTHORIZATION<br>GRID ID#: _____ |
|  |                           |   |   |   | USER DEFINED<br>GRID ID#: _____  |
| <b>8. TRANSACTION INFORMATION</b>  |                           |   |   |   |                                  |
| <b>FINANCIAL DATA</b>  |                           |   |   | <b>WHERE IS SALE TRANSACTED?</b><br><i>(Must = 100%)</i>                                    |                                  |
| Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____   |                           | Avg. MC/Visa/Discover Network Ticket<br><i>(Estimate If Never Processed in Past)</i> \$ _____   |   | Store Front/Swiped _____%   |                                  |
| Average YEARLY MC/Visa Volume \$ _____   |                           | Avg. American Express OnePoint Ticket<br><i>(Estimate If Never Processed in Past)</i> \$ _____  |   | Internet _____%   |                                  |
| Average YEARLY Discover Network Volume \$ _____  |                           | Highest Ticket Amount \$ _____  |   | Mail Order _____%   |                                  |
| Average YEARLY American Express OnePoint Volume \$ _____   |                           |   |   | Telephone Order _____%  |                                  |
| Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____  |                           |   |   | Total <b>100</b> %  |                                  |

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

OmahaWF1410 **9. SERVICE FEE SCHEDULE** OmahaWF1501(ia)

**Authorization & Capture Transaction Fees**

MC/Visa Auth & Capture Fee: \$ \_\_\_\_\_ (Per Item) Discover Network Auth & Capture Fee: \$ \_\_\_\_\_ (Per Item) TransArmor Auth Fee \$ \_\_\_\_\_ (Per Item)

American Express OnePoint/Full Service (EDC) **or**  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)  |   | Portfolio Mgr Fee        | \$ _____ |
| EBT - Food Stamps \$ _____ (Per Item) #:  | EBT - Cash Benefits \$ _____ (Per Item)  | Other: \$ _____  |   | eMerchantView Access Fee | \$ _____ |
| Annual Fee \$ _____   | MC Other Item Rate \$ _____  | Visa Other Item Rate \$ _____  |   | Customer Service Fee     | \$ _____ |
| Discover Network Other Item Rate \$ _____   | Amex OnePoint Other Item Rate \$ _____   | Amex OnePoint Other Volume _____ %   | JCB Other Item Rate \$ _____  | Debit Access Fee         | \$ _____ |
| 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 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 Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No     | Other:                   | \$ _____ |
| Pass MC 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 Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No | Pass MC Processing Integrity Fee <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 Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No               |   |                          | \$ _____ |

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

**MasterCard Acceptance** **Visa Acceptance** **Discover Network Acceptance**

Accept MC Credit Transactions only  Accept Visa Credit Transactions only  Accept Discover Network Credit Transactions only

Accept MC Non-PIN Debit Trans. only  Accept Visa Non-PIN Debit Trans. only  Accept Discover Network Non-PIN Debit Trans. only

**Discount Collected**  Daily  Monthly See Section 1.9 of the Program Guide for details regarding limited acceptance.

**TIN/TFN & Regulatory Product Fees**

Reg. Product Fee \$ \_\_\_\_\_ (Monthly)

TIN/TFN Invalid \$ \_\_\_\_\_ (Monthly)

Website Usage \$ \_\_\_\_\_ (Per Item)

IVR Usage \$ \_\_\_\_\_ (Per Item)

**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             | %        | \$          | Disc. Network Reg. Debit Disc't | %        | \$          |
| MC Mid-Qual Debit         | %        | \$          | Visa Mid-Qual Debit         | %        | \$          |                                 |          |             |
| MC Non-Qual Debit         | %        | \$          | Visa Non-Qual Debit         | %        | \$          |                                 |          |             |
| MC Regulated Debit Disc't | %        | \$          | Visa Regulated Debit Disc't | %        | \$          |                                 |          |             |

**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) |                              | 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**

| Rate   | Per Item         | Rate  | Per Item         |
|--|------------------|---|------------------|
| <input type="checkbox"/> Retail**              | _____ % \$ _____ | <input type="checkbox"/> Services, Wholesale and All Other          | _____ % \$ _____ |
| <input type="checkbox"/> Restaurant**          | _____ % \$ _____ | <input type="checkbox"/> Education                                  | _____ %          |
| <input type="checkbox"/> Fast Food Restaurant  | _____ %          | <input type="checkbox"/> Healthcare - Office Based Doctors/Dentists | _____ %          |
| <input type="checkbox"/> Mail Order & Internet | _____ %          | <input type="checkbox"/> Telecommunications                         | _____ %          |
| <input type="checkbox"/> Supermarkets          | _____ %          | <input type="checkbox"/> Independent Gas Station                    | _____ %          |
| <input type="checkbox"/> Other Transp.         | _____ %          | <input type="checkbox"/> B2B  | _____ % \$ _____ |
| <input type="checkbox"/> Lodging               | _____ %          | <input type="checkbox"/> B2B Special                                | _____ %          |

**TeleCheck**

Split Dial  License #  MICR  ECA Warranty  Mail Order  Hold Check  Paper Warranty  C.O.D.

SE Number \_\_\_\_\_ **TeleCheck Rates & Fees**  Yes  No

Inquiry Rate \_\_\_\_\_ % ACH Processing Fee \$ **5.00**

Dec. Risk Surcharge **.10** % Client Requested Operator Call (CROC) \$ **2.50**

Per TXN Fee \$ \_\_\_\_\_ ECA Chargeback Fee \$ **5.00**

Monthly Minimum Fee (Per Location) \$ **25.00** (Only charged when entitled with TeleCheck)

Stmnt/Processing Fee \$ **5.00** See Agreement for definitions, warranty requirements and any additional fees.

**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.

**Wright Express:** Other Item Rate \$ \_\_\_\_\_ (per item)

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

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

|             |                         |                 |
|-------------|-------------------------|-----------------|
| OmahaWF1410 | <b>10. SIGNATURE(S)</b> | OmahaWF1501(ia) |
|-------------|-------------------------|-----------------|

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 OmahaWF1410) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates 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 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, TeleCheck Services 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 TeleCheck Services Agreement and 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 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 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 <input checked="" type="checkbox"/> _____ | Title _____ | Signature <input checked="" type="checkbox"/> _____ |
| Print Name of Signer _____                          | Date _____  | Print Name of Signer _____                          |
| Signature <input checked="" type="checkbox"/> _____ | Title _____ | Title _____ Date _____                              |
| Print Name of Signer _____                          | 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 <input checked="" type="checkbox"/> _____ | Print Name/Title: _____ | Date _____ |
| Authorized Signature on TeleCheck Account for ACH   |                         |            |

**Personal Guarantee:** The undersigned guarantees to FDMS and Bank the performance of this Agreement, the American Express Card Acceptance Agreement, TeleCheck Services 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, TeleCheck Services 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 <input checked="" type="checkbox"/> _____ | Print Name: _____ | Date _____ |
|---|-------------------|------------|

**Personal Guarantee**

|   |                   |            |
|---|-------------------|------------|
| Signature <input checked="" type="checkbox"/> _____ | Print Name: _____ | Date _____ |
|---|-------------------|------------|

**Accepted By First Data Merchant Services Corporation**

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

|   |   |
|---|---|
| Signature <input checked="" type="checkbox"/> _____ | Signature <input checked="" type="checkbox"/> _____ |
| Title _____ Date _____                              | Title _____ Date _____                              |