

Date: _____

ISO Name: _____

ISO Phone: _____


**Merchant
Industry**

36-36 33rd Street Suite 206

Long Island City, NY 11106

ISO#: _____

MCC#: _____

CREDIT CARD PROCESSING QUESTIONS

Business Information

Corporate Name (INC/CORP/LLC)			
DBA Name (SAME AS ON CC RECEIPT)			
Business Address	City	State	Zip
Business Phone	Business Fax	Tax ID	
Website		Email	
Type Of Ownership	Business Type	Start Date:	Biz Filing State
Products or Services Sold:			

Ownership Information

OWNER (1) NAME	OWNER (1) TITLE	SS#	Ownership %
Home Address	City	State	Zip
DATE OF BIRTH (mm/dd/yy)	DRIVER LIC#	DL State:	Home Phone
OWNER (2) NAME	OWNER (2) TITLE	SS#	Ownership %
HOME ADDRESS	City	State	Zip
DATE OF BIRTH (mm/dd/yy)	DRIVER LIC#	DL State:	Home Phone
OWNER (3) NAME	OWNER (3) TITLE	SS#	Ownership %
Home Address	City	State	Zip
DATE OF BIRTH (mm/dd/yy)	DRIVER LIC#	DL State:	Home Phone
OWNER (4) NAME	OWNER (4) TITLE	SS#	Ownership %
Home Address	City	State	Zip
DATE OF BIRTH (mm/dd/yy)	DRIVER LIC#	DL State:	Home Phone

Bank Information

BANK NAME:	MANAGER:
ROUTING (ABA) #:	Account (DDA) #:

Processing Information

Accept Amex? Yes No	Existing Amex#:	EBT (FSN)#:
Annual AMEX Volume:	Annual MC/VISA Volume:	Discover/Pay Pal Volume: Total Volume:
Average Ticket:	Highest Ticket:	
Swipe%:	Telephone %:	Mail Order%
+	%	+
		%
		+
		%
		=
		%
TOTAL MUST EQUAL 100%		

Terminal Information

AutoBatch:	Yes	No	Time: _____	AM	PM	Tip Adjust	Yes	Ship To:	ISO	Merchant
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Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone #: _____

I. BUSINESS INFORMATION

Page 1 of 6

Client's Business Name (<i>Doing Business As</i>):			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):		
Business Address:			Billing Address (<i>If Different Than Location Address</i>):		
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 (<i>as it appears on your income tax return</i>)		FEDERAL TAX ID # (<i>as it appears on your income tax return</i>)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (<i>If checked, please attach IRS Form W-8.</i>)	

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 MC/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"/> MC/Visa/Discover Network - PayPal/ <input type="checkbox"/> Store Credit American Express OptBlue® Credit If MC/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 (<i>Attach at least one</i>): <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 <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i></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 style="text-align: center;">Mail/Telephone Order/Business to Business/Internet Information <i>(All Questions must be Answered)</i></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 _____% + over 30 days _____% = 100%</p> <p>2. MC/Visa/Discover Network - PayPal/American Express OptBlue® sales are deposited (<i>check one</i>): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>3. Does any of your cardholder billing involve automatic renewals or recurring transactions (<i>i.e., cardholder authorizes initial sale only</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Merchant Initials: _____

OmahaWF2307(ia)		3. OWNERS / PARTNERS / OFFICERS						OmahaWF2307(ia)	
Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business.									
OWNER / PARTNER / OFFICER 1					OWNER / PARTNER / OFFICER 2				
Name: <i>(First, MI, Last)</i>				% Ownership:	Name: <i>(First, MI, Last)</i>				% Ownership:
Title:		Telephone #:			Title:		Telephone #:		
Home Address: <i>(No P.O. Box)</i>					Home Address: <i>(No P.O. Box)</i>				
City:		State:	Zip:	Country:	City:		State:	Zip:	Country:
D.O.B.:		Social Security #:			D.O.B.:		Social Security #:		
DL #:			State:						
OWNER / PARTNER / OFFICER 3					OWNER / PARTNER / OFFICER 4				
Name: <i>(First, MI, Last)</i>				% Ownership:	Name: <i>(First, MI, Last)</i>				% Ownership:
Title:		Telephone #:			Title:		Telephone #:		
Home Address: <i>(No P.O. Box)</i>					Home Address: <i>(No P.O. Box)</i>				
City:		State:	Zip:	Country:	City:		State:	Zip:	Country:
D.O.B.:		Social Security #:			D.O.B.:		Social Security #:		
4. SETTLEMENT INFORMATION									
Deposit Bank:									
Transit/ABA #:					Deposit Account #:				
ACH Detail Flag: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate <i>(defaults to Combined if option not selected)</i>									
5. TRANSACTION INFORMATION									
FINANCIAL DATA								WHERE IS SALE TRANSACTED? <i>(Must = 100%)</i>	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)		\$ _____		Avg. MC/Visa/Discover Network - PayPal Ticket <i>(Estimate If Never Processed in Past)</i>		\$ _____			
Average YEARLY MC/Visa Volume		\$ _____		Avg. American Express OptBlue® Ticket <i>(Estimate If Never Processed in Past)</i>		\$ _____		Store Front/Swiped _____%	
Average YEARLY Discover Network - PayPal Volume		\$ _____		Highest Ticket Amount		\$ _____		Internet _____%	
Average YEARLY American Express OptBlue® Volume		\$ _____						Mail Order _____%	
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____								Telephone Order _____%	
								Total 100%	
6. GRID INFORMATION - INTERNAL USE ONLY									
AUTHORIZATION GRID ID#: _____			USER DEFINED GRID ID#: _____			MFC GRID ID: _____ <i>8-pos. Alpha/Numeric</i>			
MC TIERED GRID ID <i>8-pos. Alpha/Numeric</i>		VISA TIERED GRID ID <i>8-pos. Alpha/Numeric</i>		DISCOVER NETWORK - PayPal TIERED GRID ID <i>8-pos. Alpha/Numeric</i>		AMERICAN EXPRESS OptBlue® TIERED GRID ID <i>8-pos. Alpha/Numeric</i>			
MC CREDIT MPG ID <i>8-pos. Alpha/Numeric</i>		VISA CREDIT MPG ID <i>8-pos. Alpha/Numeric</i>		DISCOVER NETWORK - PayPal CREDIT MPG ID <i>8-pos. Alpha/Numeric</i>					
MC DEBIT MPG ID <i>8-pos. Alpha/Numeric</i>		VISA DEBIT MPG ID <i>8-pos. Alpha/Numeric</i>		DISCOVER NETWORK DEBIT MPG ID <i>8-pos. Alpha/Numeric</i>		AMERICAN EXPRESS OptBlue® CREDIT MPG ID <i>8-pos. Alpha/Numeric</i>			
7. SERVICE FEE SCHEDULE									
Accept all Mastercard, Visa, Discover Network and American Express OptBlue® Transactions <i>(presumed, unless any selections below are checked)</i>									
Mastercard		Visa		Discover Network		American Express OptBlue®			
<input type="checkbox"/> MC 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"/> MC 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							

Merchant Initials: _____

OmahaWF2307(ia)			7. SERVICE FEE SCHEDULE (cont'd)						OmahaWF2307(ia)		
Tiered											
Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network-PayPal Qual Credit	%	\$	American Express OptBlue® Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Discover Network-PayPal Mid-Qual Credit	%	\$	American Express OptBlue® Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Discover Network-PayPal Non-Qual Credit	%	\$	American Express OptBlue® Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$						
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$						
MC Worldcard Non-Qual	%	\$									
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Network Qual Debit	%	\$			
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Discover Network Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Discover Network Non-Qual Debit	%	\$			
MC 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
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network-PayPal Qual Credit	%	%	American Express OptBlue® Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%			
Pass Through Interchange											
<input type="checkbox"/> Net Only - Includes Dues and Assessments <input type="checkbox"/> 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.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)
MC Qual Credit	%	Visa Qual Credit	%	Discover Network-PayPal Qual Credit	%	American Express OptBlue® Qual Credit	%				
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%	American Express OptBlue® has Program Pricing and not Interchange and are subject to change.					
Other Item Rate											
MC Credit	\$	Visa Credit	\$	Discover Network-PayPal Credit	\$	American Express OptBlue® Credit	\$				
MC Debit	\$	Visa Debit	\$	Discover Network Debit	\$						
Other Volume %											
MC Credit	%	Visa Credit	%	Discover Network-PayPal Credit	%	American Express OptBlue® Credit	%				
MC Debit	%	Visa Debit	%	Discover Network Debit	%						
PIN Debit											
<input type="checkbox"/> 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											
<input type="checkbox"/> In-Person Warranty <input type="checkbox"/> Mail Order Warranty <input type="checkbox"/> Single Hold Check Warranty <input type="checkbox"/> Multiple Hold Check Warranty <input type="checkbox"/> In-Person Paper Warranty <input type="checkbox"/> C.O.D. Warranty											
SE # _____ Inquiry Rate _____ % Per TXN Fee \$ _____ Stmt/Processing Fee \$ <u>5.00</u> Dec. Risk Surcharge <u>.10</u> %											
Monthly Minimum Fee \$ _____ (Per Location) Customer Requested Operator Call (CROC) \$ <u>2.50</u> Unauthorized Return Fee \$ <u>5.00</u>											
Miscellaneous Fees											
<input type="checkbox"/> Dues and Assessments		V/MC Chargeback Fee (Per Item) \$ _____		V/MC 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					
MC License Fee (Per Sales Item) \$ _____		(Sales Volume) _____ %		(Flat Rate) \$ _____				<input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December			
Visa Proc Fee (Per Item) \$ _____		MC Proc Fee (Per Item) \$ _____		Visa BIN Fee (Per Item) \$ _____		MC ICA Fee (Per Item) \$ _____					
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa FANF Card Present Surcharge (Flat Rate) \$ _____		Visa FANF Card Not Present Surcharge (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 Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Acq ISA 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 MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No							

Merchant Initials: _____

OmahaWF2307(ia)		7. SERVICE FEE SCHEDULE (cont'd)		OmahaWF2307(ia)	
Authorization & Capture Transaction Fees			First Data PayeezySM Gateway Services		
MC/Visa Auth & Capture Fee: \$ _____ (per item) Discover Network PayPal Auth & Capture Fee: \$ _____ (per item) American Express OptBlue [®] Auth & Capture Fee: \$ _____ (per item) American Express Pass Through (existing) SE #: _____ Voice Authorization \$ _____ (per item) Electronic AVS Fee \$ _____ (per item) Voice AVS Fee \$ _____ (per item) ARU Fee \$ _____ (per item)			<input type="checkbox"/> Payeezy Gateway Participation Payeezy Gateway Effective Date: _____ Payeezy Gateway One Time Setup Fee \$ _____ (one time) Payeezy Gateway Monthly Fee \$ _____ (monthly) 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 PayeezySM 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 \$ _____ AccessOne Fee \$ _____ Customer Service Fee \$ _____ Debit Access Fee \$ _____			Supplies: \$ _____ Other: \$ _____ Other: \$ _____ Other: \$ _____ Reg. Product Fee (Monthly) \$ _____ TIN/TFN Invalid (Monthly) \$ _____ Website Usage (Per Item) \$ _____		
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 _____	
Pass VISA BIN/ICA Fee (Note: this fee can only be used for Shared Systems Only) <input type="checkbox"/> Yes <input type="checkbox"/> No		VISA BIN/ICA Fee Surcharge (Per Item) \$ _____			
Pass Visa Staged Digital Wallet Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Staged Digital Wallet Fee Surcharge (Per Item) \$ _____			
Pass Visa B2B Virtual Payments Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa B2B Virtual Payments Fee Surcharge (Sales Volume) _____ %			
Pass Visa File Transmission Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa File Transmission Transaction Fee Surcharge (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 Surcharge (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 Surcharge (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 Surcharge (Per Item) \$ _____			
Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa AFD Non Participation Fee Surcharge (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 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 Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Excessive Auth Attempts Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pass Discover Card Account Verification Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Discover Card Account Verification Fee Surcharge (Per Item) \$ _____			
Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Discover Network Auth Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____			
Pass Discover Program Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Discover Program Integrity Fee Surcharge (Per Item) \$ _____			
Pass Discover Ticket Retrieval Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Discover Card Ticket Retrieval Fee Surcharge (Per Item) \$ _____			
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 Surcharge (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 Surcharge (Sales Volume) _____ %			
American Express Dispute Fee (Per Item) \$ _____		American Express Retrieval Fee (Per Item) \$ _____			
Pass Mastercard Processing Integrity Fee Pre Auth <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Processing Integrity Fee Pre Auth Surcharge (Per Item) \$ _____			
Pass Mastercard Processing Integrity Fee Undefined Auth <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Processing Integrity Fee Undefined Auth Surcharge (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 Invalid Acquirer Authorization ICA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Processing Integrity Invalid Acquirer Authorization ICA Fee Surcharge (Per Item) \$ _____			
Pass Mastercard Processing Integrity Message Format Error Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Processing Integrity Message Format Error Fee Surcharge (Per Item) \$ _____			
Pass Mastercard Processing Integrity Image Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Processing Integrity Image Fee Surcharge (Per Item) \$ _____			
Pass Mastercard BIN/ICA Fee (Note: this fee can only be used for Shared Systems Only) <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard BIN/ICA Fee Surcharge (Per Item) \$ _____			
Pass Mastercard Account Status Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Account Status Fee Surcharge (Per Item) \$ _____			
Pass Mastercard Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		Mastercard Kilobyte Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____			

Merchant Initials: _____

OmahaWF2307(ia)	7. SERVICE FEE SCHEDULE (cont'd)		OmahaWF2307(ia)
Merchant Fee Control Grid Fees (cont'd)			
Pass Mastercard CVC2 Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard CVC2 Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____
Pass Mastercard ICA AVS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard ICA AVS Fee Surcharge	(Per Item) \$ _____
Pass Mastercard Digital Enablement Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Digital Enablement Fee Surcharge	(Sales Volume) _____ %
Pass Mastercard Business to Business US	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Business to Business US Surcharge	(Sales Volume) _____ %
Pass Mastercard SecureCode Transaction Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard SecureCode Transaction Fee Surcharge	(Flat Rate) \$ _____
Pass Mastercard Location Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Location Fee Surcharge	(Flat Rate) \$ _____
Pass MC ACQ Interchange Downgrade Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC ACQ Interchange Downgrade Fee Surcharge	(Per Item) \$ _____
Pass MC Excessive Auth Attempts US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC Excessive Auth Attempts US Fee Surcharge	(Per Item) \$ _____
Pass MC ACQ Freight Program Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC ACQ Freight Program Fee Surcharge	(Sales Volume) _____ %
Pass MC 3DS-2 EMV Secure Code Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC 3DS-2 EMV Secure Code Fee Surcharge	(Sales Volume) _____ %
Pass MC Nominal Auth Amount US Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	MC Nominal Auth Amount US Fee Surcharge	(Per Item) \$ _____
Pass Retrieval Received Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retrieval Received Fax/Mail Fee Surcharge	(Per Item) \$ _____
Pass Chargeback Received Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chargeback Received Fax/Mail Fee Surcharge	(Per Item) \$ _____
Pass Retrieval Outgoing Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retrieval Outgoing Fax/Mail Fee Surcharge	(Per Item) \$ _____
Pass Chargeback Outgoing Fax/Mail Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chargeback Outgoing Fax/Mail Fee Surcharge	(Per Item) \$ _____
Pass Visa Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Accept/No Accept Fee Surcharge	(Per Item) \$ _____
Visa Auto Acceptance Fee	(Per Item) \$ _____		
Pass Mastercard Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Accept/No Accept Fee Surcharge	(Per Item) \$ _____
Pass Discover Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Accept/No Accept Fee Surcharge	(Per Item) \$ _____
Pass American Express Accept/No Accept Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	American Express Accept/No Accept Fee Surcharge	(Per Item) \$ _____
Pass Dispute Case Mastercard DMS Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dispute Case Mastercard DMS Fee Surcharge	(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 Surcharge	(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 Surcharge	(Per Item) \$ _____
Pass Mastercard Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Late Response to Dispute Fee Surcharge	(Per Item) \$ _____
Pass Discover Late Response to Dispute Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Late Response to Dispute Fee Surcharge	(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 Surcharge	(Per Item) \$ _____
Pass STAR Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAR Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass STAR Access Dispute Fee	(Per Item) \$ _____	Pass STAR Access Retrieval Fee	(Per Item) \$ _____
Pass Pulse Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulse Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass Jeanie Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jeanie Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass NYCE Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	NYCE Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass Accel Debit Network Annual Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accel Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass NACHA Unauthorized Entry Fee	(Per Item) \$ _____	NACHA Unauthorized Entry Fee Surcharge	(Per Item) \$ _____
		Other Fees	(Other) \$ _____
		Other Fees	(Other) \$ _____
Commercial Card Interchange Service <input type="checkbox"/> Yes <input type="checkbox"/> No With the Commercial Card Interchange Service, when transactions do not include any tax information we will compute the sales tax based on the applicable rate at your location to allow you to obtain the best interchange. When we compute the sales tax on your behalf, we will retain 50% of the interchange savings. If a transaction is fully or partially exempt, you should enter the tax amount (even if that amount is \$0.00) as CCIS applies your local tax rate to the full amount of transactions when the prompt is bypassed.			
DCC Chargeback Fee	Per Chargeback \$ _____	DCC Retrieval Fee	Per Retrieval \$ _____
		DCC Transaction Fee	Per Settlement \$ _____
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			
Main Street Insights Fee (per MID)	(Flat Rate) \$ _____	Clover Go Monthly Fee (per MID)	(Flat Rate) \$ _____
Wireless Monthly Service Fee	(Flat Rate) \$ _____	Wireless Activation Fee	(Flat Rate) \$ _____

Merchant Initials: _____

OmahaWF2307(ia)		8. EQUIPMENT		OmahaWF2307(ia)																																																										
Network (Front End): <input type="checkbox"/> Omaha <input type="checkbox"/> North <input type="checkbox"/> Nashville <input type="checkbox"/> Bypass																																																														
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 <div style="text-align: right;"><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) _____</div>																																																														
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																																																									
<small>¹ Clover Equipment Purchase Only: This is for information purposes only. Please refer to your equipment purchase agreement with TASQ Technology, 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. ² See Equipment Lease Agreement for the Terms and Conditions governing your leased equipment.</small>																																																														
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 shall automatically extend for an additional period of one year each (each an Extended Term). Merchant Initials _____																																																														
9. SIGNATURE(S)																																																														
<p>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.</p> <p>By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved, each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.</p> <p>As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>Client's Business Principal/Officer:</p> <table border="0" style="width:100%;"><tr><td style="width:40%;">Signature X _____</td><td style="width:20%;">Title _____</td><td rowspan="4" style="width:40%; text-align: center; vertical-align: top;">(Servicers): For First Data Merchant Services LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and Mastercard International, Inc.) X Signature _____</td></tr><tr><td>Print Name of Signer _____</td><td>Date _____</td></tr><tr><td>Signature X _____</td><td>Title _____</td></tr><tr><td>Print Name of Signer _____</td><td>Date _____</td></tr><tr><td>Signature X _____</td><td>Title _____</td><td></td></tr><tr><td>Print Name of Signer _____</td><td>Date _____</td><td></td></tr></table> <tr><td colspan="6" style="text-align: center;">TELECHECK ACH AUTHORIZATION</td></tr> <tr><td colspan="6">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.</td></tr> <tr><td colspan="2">Signature X _____</td><td colspan="2">Print Name/Title: _____</td><td colspan="2">Date _____</td></tr> <tr><td colspan="6" style="text-align: center;">Authorized Signature on TeleCheck Account for ACH</td></tr> <tr><td colspan="6">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, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Agreement and/or the TeleCheck/TRS Solutions Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.</td></tr> <tr><td colspan="2">Personal Guarantee Signature X _____</td><td colspan="2">Print Name: _____</td><td colspan="2">Date _____</td></tr> <tr><td colspan="2">Personal Guarantee Signature X _____</td><td colspan="2">Print Name: _____</td><td colspan="2">Date _____</td></tr>						Signature X _____	Title _____	(Servicers): For First Data Merchant Services LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and Mastercard International, Inc.) X Signature _____	Print Name of Signer _____	Date _____	Signature X _____	Title _____	Print Name of Signer _____	Date _____	Signature X _____	Title _____		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 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, Inc. 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36-36 33rd St., Ste 306
Long Island City, NY 11106
Phone: (866)811-1005
Fax: (800)597-7176

ACH AGREEMENT

Customer Legal Name: _____

Contact: _____

Customer Address: _____

City/State: _____ **Zip:** _____

Telephone : _____ **Email :** _____

Customer hereby authorizes Merchant Industry LLC (the "Company") to debit their Bank Account (the "Account") for all funds due to the Company without respect to the source of such funds in the Account. With respect to Automated Clearing House ("ACH") settlement of transactions (i.e. electronic debits and credits to and from the Customer's Bank Account), Customer hereby agrees to be bound by the terms of operating rules of the National Automated Clearing House Association and authorizes the Company to initiate ACH debit or credit entries and adjustments to the Bank Account for all products and/or services provided to Customer by Merchant Industry LLC, and for all required settlement adjustments related thereto. The Company shall not be liable for any delays in receipt, debit or description of funds or errors in account entries caused by third parties including, but not limited to, the Association or Bank. Customer shall not close the Account without providing the Company with written notice of such closure and substitution of another account at least five (5) days prior to such an event. Customer shall be solely liable for all the fees and costs associated with the Account, and for all fees and costs associated with the ACH program, products and services provided by Merchant industry LLC, its Partners, Agents and Contractors to Customer . If Merchant Industry LLC shall be ACHing Customer's bank accounts, all parties agree to be bound by all terms of the most recently signed ACH agreement. In all cases, Customer shall ultimately be responsible for all funds due for products and services provided by Company.

Procedure – For ACH Collections, Merchant Industry LLC shall ACH the appropriate bank account at any day of the week, or as needed based on product sales or service or type of product offered, for the prior period's activity for the net amount due (i.e. gross sales less margin). Copy of Voided Customer's Check will be kept on file.

 **Signature:** _____

Print Name: _____

Title: _____

Date Signed: _____

Routing Number/ ABA : _____

Accounting Number/ DDA: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here
Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

PROCESSOR Name: **First Data Merchant Services**INFORMATION: Address: **1307 Walt Whitman Road, Melville, NY 11747**URL: _____ Customer Service #: **1-800-858-1166**

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 25 of the Program Guide).
2. **We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
3. **There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 14 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Services Agreement.
4. **If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 27, 37.3, and 39.10 of the Card General Terms; or Section 1.14 of the TeleCheck Services Agreement.
6. **We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 30, Term; Events of Default and Section 31, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.6), under certain circumstances.
7. **By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial three (3) year term, you will be responsible for the payment of an early termination fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1 of the TeleCheck Services Agreement.
9. **If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**

10. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- b) The Bank must be a principal (signer) to the Agreement.
- c) The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.
- f) The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- a) Ensure compliance with Cardholder data security and storage requirements.
- b) Maintain fraud and Chargebacks below Card Organization thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Card Organization Rules and applicable law and regulations.
- e) Retain a signed copy of this Disclosure Page.
- f) You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/support/merchant.html>.
- g) You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>.
- h) You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/merchantopguide.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions [version GenISOWF1905(ia)] consisting of 52 pages [including this Confirmation Page and the applicable Third Party Agreement(s)], Interchange Qualification Matrix and American Express Program Pricing (version IQM.MVD.F15.2 or _____), and Interchange Schedule.

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below): _____

X _____

_____ Title

_____ Date

Please Print Name of Signer