

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: \_\_\_\_\_  TAX EXEMPT ORGANIZATION (501C) State: \_\_\_\_\_  GOVERNMENT (Federal, State, Local)

CORPORATION - CHAPTER S, C State: \_\_\_\_\_  INTERNATIONAL ORGANIZATION Location Filed: \_\_\_\_\_  LIMITED LIABILITY COMPANY State Filed: \_\_\_\_\_

MEDICAL OR LEGAL CORPORATION State: \_\_\_\_\_  ASSOCIATION/ESTATE/TRUST 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 IV, Section A.4 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. 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: \_\_\_\_\_

OmahaWF1604 **3. COMPANY HISTORY** OmahaWF1604(ia)

Date Business Started: \_\_\_\_\_ Prior Bankruptcies?  No  Yes  Business and / or  Personal

TRADE REFERENCE 1				TRADE REFERENCE 2			
Vendor Name: _____				Vendor Name: _____			
Address: _____				Address: _____			
City: _____		State: _____	Zip: _____	City: _____		State: _____	Zip: _____
Contact Name: _____				Contact Name: _____			
Contact Phone: _____		Vendor Acct. #: _____		Contact Phone: _____		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.: _____	DL #: _____	State: _____		D.O.B.: _____	DL #: _____	State: _____			

**5. SETTLEMENT INFORMATION**

Deposit Bank: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Transit / ABA #: \_\_\_\_\_ Deposit Account #: \_\_\_\_\_

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

**6. EQUIPMENT/THIRD PARTY INFORMATION**

Network (Front End):  Omaha  North  Nashville  Buypass

Do you use any third party to store, process or transmit cardholder data?  Yes  No

If yes, give name/address: \_\_\_\_\_

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: \_\_\_\_\_

INTERNET GATEWAY:  First Data Global Gateway  Other: \_\_\_\_\_ Wireless Network: \_\_\_\_\_

PC/Internet Software \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Terminal Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

Printer Model \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

PIN Pad \_\_\_\_\_ Quantity \_\_\_\_\_  New  Rent  Lease  Existing

**LEASE COMPANY: (04) First Data Global Leasing Lease Term: \_\_\_\_\_ Mos. Annual Tax Handling Fee: 10.20**

**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.)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Attention: \_\_\_\_\_

**7. GRID INFORMATION - INTERNAL USE ONLY**

MC CREDIT MPG ID _____ 8-position Alpha/Numeric	VISA CREDIT MPG ID _____ 8-position Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID _____ 8-position Alpha/Numeric	AUTHORIZATION GRID ID#: _____
MC DEBIT MPG ID _____ 8-position Alpha/Numeric	VISA DEBIT MPG ID _____ 8-position Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID _____ 8-position Alpha/Numeric	
MC CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	VISA CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	USER DEFINED GRID ID#: _____
MC DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	VISA DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	DISCOVER NETWORK DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric (Client Use)	

**8. TRANSACTION INFORMATION**

FINANCIAL DATA				WHERE IS SALE TRANSACTED? (Must = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Avg. MC/Visa/Discover Network Ticket (Estimate If Never Processed in Past) \$ _____			Store Front/Swiped _____ %	
Average YEARLY MC/Visa Volume \$ _____	Avg. American Express OnePoint Ticket (Estimate If Never Processed in Past) \$ _____			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: \_\_\_\_\_

**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)
<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)		Electronic AVS Fee \$ _____ (Per Item)
American Express ESA/Pass Through SE #: _____		Voice AVS Fee \$ _____ (Per Item)
*American Express will charge either a Flat Fee of \$ 7.95 or a Discount Rate and Transaction Fee directly to the merchant. Monthly Flat fee is only available to merchants with estimated American Express charge volume of less than \$4,999 in any consecutive 12-month period. Merchants that are Internet-Physical Delivery merchants, MOTO, Home-based businesses, are all required to be set up on Monthly Flat Fee* (regardless of estimated Charge volume).		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: \$ _____	Annual Fee \$ _____	eMerchantView Access Fee	\$ _____
MC Other Item Rate \$ _____	Visa Other Item Rate \$ _____	Discover Network Other Item Rate \$ _____	Amex OnePoint Other Item Rate \$ _____	Amex OnePoint Other Volume %	
Minimum Monthly Fee \$ _____	Monthly Statement Fee \$ _____ (Acct on File)	Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	ACH Reject Fee \$ _____ (Per Item)	Customer Service Fee	\$ _____
Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa FANF Card Present Surcharge \$ _____	Visa FANF Card Not Present Surcharge \$ _____		Debit Access Fee	\$ _____
Pass Visa Acq 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	eIDS Access Fee	\$ _____
Pass Visa Acq ISA 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 MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplies:	\$ _____
Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Proc 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	Other: _____	\$ _____

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

<b>MasterCard</b>	<b>Visa</b>	<b>Discover Network</b>
<input type="checkbox"/> MC Credit Transactions	<input type="checkbox"/> Visa Credit Transactions	<input type="checkbox"/> Discover Network 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.

See Section 1.9 of the Program Guide for details regarding limited acceptance.

**Discount Collected**     Daily     Monthly

TIN/TFN & Regulatory Product Fees	
Reg. Product Fee	\$ _____ (Monthly)
TIN/TFN Invald	\$ _____ (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 Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
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)

**TeleCheck**

<input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> ECA Warranty	Inquiry Rate _____%	Stmt/Processing Fee	\$ 5.00
<input type="checkbox"/> Mail Order <input type="checkbox"/> Hold Check <input type="checkbox"/> Paper Warranty <input type="checkbox"/> C.O.D.	Dec. Risk Surcharge <b>.10</b> %	ACH Processing Fee	\$ 5.00
SE # _____	Per TXN Fee \$ _____	Client Requested Operator Call (CROC)	\$ 2.50
<b>TeleCheck Rates &amp; Fees</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Minimum Fee \$ <b>25.00</b> (Per Location)	ECA Chargeback Fee	\$ 5.00 (Only charged when entitled with TeleCheck)

See Agreement for definitions, warranty requirements and any additional fees.

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

**9. SERVICE FEE SCHEDULE (cont'd)**

American Express OnePoint			First Data Global Gateway e4 (GGE4)		
	Rate	Per Item		Rate	Per Item
<input type="checkbox"/> Retail**	_____ %	\$ _____	<input type="checkbox"/> Healthcare – Office Based Doctors/Dentists	_____ %	
<input type="checkbox"/> Restaurant**	_____ %	\$ _____	<input type="checkbox"/> Telecommunications	_____ %	
<input type="checkbox"/> Fast Food Restaurant	_____ %		<input type="checkbox"/> Telecommunications – Cable/Computer Network	_____ %	
<input type="checkbox"/> Mail Order & Internet	_____ %		<input type="checkbox"/> Independent Gas Station	_____ %	
<input type="checkbox"/> Supermarkets	_____ %		<input type="checkbox"/> B2B	_____ %	\$ _____
<input type="checkbox"/> Other Transportation	_____ %		<input type="checkbox"/> B2B Special	_____ %	
<input type="checkbox"/> Lodging	_____ %		<input type="checkbox"/> Prepaid Card	_____ %	\$ _____
<input type="checkbox"/> Services, Wholesale & All Other	_____ %	\$ _____	<input type="checkbox"/> Prepaid Card Supermarket	_____ %	\$ _____
<input type="checkbox"/> Education	_____ %		<input type="checkbox"/> Travel Agencies/Tour Operators**	_____ %	\$ _____

<input type="checkbox"/> GGE4 Participation		GGE4 Effective Date: _____	
GGE4 One Time Setup Fee	\$ _____ (one time)	PayPal Auth Fee	\$ _____ (per item)
GGE4 Monthly Fee	\$ _____ (monthly)	PayPal Sale Fee	\$ _____ (per item)
GGE4 Auth Fee	\$ _____ (per item)	PayPal Return Fee	\$ _____ (per item)
GGE4 AVS Fee	\$ _____ (per item)		

**TeleCheck**

Reserved for future use

**\*\*0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs including Prepaid Cards. CNP means a Charge for which the Card is not presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet). NOTE: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards for Retail, Restaurant, and Travel Agencies/Tour Operators key-entered programs.**

An Inbound fee of .40% will be applied to any charge made using a card, including Prepaid Cards, issued by an issuer located outside of the United States (the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions) except MCC 7032, 8211, 8351, and 8220 card transactions.

**Fleet**

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

**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 OmahaWF1604) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), 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 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.

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 further 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.

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.

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 from time to time, 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 inform the entity above, about the contents 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 am able to read and understand the English language. 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 that 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, 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).

**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 <b>X</b> _____	Title _____	Signature <b>X</b> _____
Print Name of Signer _____	Date _____	Print Name of Signer _____
Signature <b>X</b> _____	Title _____	Title _____
Print Name of Signer _____	Date _____	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 Corporation, Wells Fargo Bank, N.A., American Express and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the American Express Card Acceptance Agreement and/or the TeleCheck/TRS Services 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.

**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, Walnut Creek, CA 94598**

Signature <b>X</b> _____	Signature <b>X</b> _____
Title _____	Title _____
Date _____	Date _____