

Singular Payments is our preferred credit card processing vendor.

We love our merchant services provider so much we had to share it with you! Singular Payments offers a custom flat rate that covers all credit/debit card processing costs so it's easy to understand your statements. They have a fully PCI-DSS compliant payment gateway to safely and securely process online transactions and pull reports. And, you can choose to use either a desktop or virtual terminal.

Watch their overview video to learn more and request a free flat rate savings analysis. Go to: go.singularpayments.com/flat-rate-help.

singularpayments.com
877.829.2170
Option 2



Singular
Payments®

SIMPLE. FLAT RATE. FOR REAL.
A Payment Data Systems Company



Singular
Payments®

SIMPLE. FLAT RATE. FOR REAL.

| A Payment Data Systems Company |

We took a different route...

Welcome to Custom Flat Rate Payment Processing

NO

Statement fees
Transaction fees
Batch fees
Mid-qualified fees
Non-qualified fees

Contact us to see how you can save time and money each month with Singular Payments' custom Flat Rate plan.

Call us today at:

877.829.2170 option 2

or visit our website:

www.singularpayments.com

\$25 Akimbo Prepaid MasterCard with Quote Request Review



Singular
Payments®

4037 Rural Plains Circle
Suite 230
Franklin, TN 37064

Phone 877-829-2170
Fax 888-257-3215



SIMPLE. FLAT RATE. FOR REAL.
A Payment Data Systems Company



Dial-up is Dead!

Get your new *IP-connected CardPointe terminal featuring the latest in reporting and merchant security. Plus, you can now accept payments up to 10pm for **next day funding!**



Plug & Play

No need for additional hardware or tech support. Your device is ready to simply plug and go.



Security

Includes Point to Point Encryption (P2PE) to further maximize security in an increasingly complex regulatory environment.



Real Time Reports

View and manage transactions instantly. Plus create customer profiles



EMV

Includes EMV (smart card technology). The standard to further improve protection against fraudulent activity, counterfeiting, and stolen/lost cards.

Contact Us Today

877-829-2170 option 2
sales_info@singularpayments.com

*IP (Internet Protocol) CardPointe Terminal



www.singularpayments.com

www.payfacinabox.com





ONE Flat Rate. *It's that simple.*



Request For Savings Analysis

Thank you for taking the time to request a Savings Analysis from Singular Payments. Please help us better serve you by telling us what you would like to change/improve about your current payment processing.

Contact Information:

Contact _____

Best Day: M T W Th F

Best Time: ____:____ AM / PM

Phone: _____

Email: _____

What are you most interested in?

- Simplicity
- PCI Compliance
- Equipment
- Savings
- Funding Time

Please indicate # of pages you are sending: _____ pages

For best results, please send 3 months of your current merchant statements, so we can prepare an analysis and calculate your Flat Rate. Once we have this information, we will have the Savings Analysis back to you within 1 business day. Otherwise, we will contact you per your instructions listed above.

I am not interested, please remove me from your database _____. If checked we will honor your wish and remove you from our records and you will receive no further communications.

Fax to: 888-876-6769 Attn Dan
Or email to Dhooks@singularpayments.com

JeffMed1

Singular Payments is a registered ISO/MSP of Wells Fargo Bank N.A., Walnut Creek, CA
PH: 877.829.7254 Fax: 888.876.6769 Web: www.singularpayments.com 1100 Plantation Island Drive 5 Suite 210 St. Augustine Beach, FL 32080

MERCHANT PROCESSING APPLICATION AND AGREEMENT



Sales Office **Singular Payment** Print Sales Rep Name _____ Sales ID# _____
 Merchant # _____ Sales Rep. Signature _____ Phone #: _____

SP1707(ia)		I. BUSINESS INFORMATION				SP1710(ia)
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): SAME			
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: <input checked="" type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location Send Merchant Monthly Statement to: <input checked="" type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location			
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)		
<input type="checkbox"/> CORPORATION - CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION 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 (as it appears on your income tax return)		FEDERAL TAX ID # (as it appears on your income tax return)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)		

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

*SIC/MCC: _____ 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): 4814, 4816, 5966, 5967, 7273, 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 checked="" 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 checked="" type="checkbox"/> Other</p> <p>3. How many employees: <u>1</u></p> <p>4. How many registers / Terminals: <u>1</u></p> <p>5. Is proper license visible? <input checked="" 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/ American Express Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> MC/V/Discover Network/American Express Credit. If MC/V/Discover Network/American Express Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p>	<p>14. Advertising Method (Attach at least one): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <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 checked="" type="checkbox"/> Rate <input checked="" type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p align="center">Mail / Telephone Order / Business to Business / Internet Information <i>(All Questions must be Answered)</i></p> <p>1. What % of total sales represent business to business (vs business to consumer): Business to Business <u>0</u>% + Business to Consumer <u>100</u>% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (vs business to consumer): Business to Business <u>0</u>% + Business to Consumer <u>100</u>% = 100% (total sales)</p> <p>3. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days <u>100</u>% + 8-14 days <u>0</u>% + 15-30 days <u>0</u>% + over 30 days <u>0</u>% = 100%</p> <p>4. MC/Visa/Discover Network/American Express sales are deposited (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (specify): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If vendor, add Name: <u>NA</u> Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary): _____ _____</p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Merchant Initials: _____

SP1707(ia)	3. COMPANY HISTORY	SP1710(ia)	
Date Business Started: _____	Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal		
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: USA	
City: _____	State: _____ Zip: _____	Country: _____	
Telephone #: _____	Social Security #: _____	Telephone #: _____ Social Security #: _____	
D.O.B.: _____	DL #: XXXXXXXXXXXXXXXX	State: XX	
D.O.B.: _____	DL #: _____	State: _____	
5. SETTLEMENT INFORMATION			
Deposit Bank: See Attached Voided Check	Bank Contact: _____		
Transit / ABA #: _____	Deposit Account #: _____		
ACH Detail Flag: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate (defaults to Combined if option not selected)			
6. EQUIPMENT/THIRD PARTY INFORMATION			
Network (Front End): <input checked="" 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 checked="" type="checkbox"/> No			
If yes, identify the Third Party Processor used: <input checked="" 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			
<input type="checkbox"/> 07 Apriva <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) _____			
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 checked="" 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	
LEASE COMPANY: (04) First Data Global Leasing Lease Term: <u>0</u> Mos. Annual Tax Handling Fee: 10.20			
Total Monthly Lease Charge: \$ <u>0.00</u> w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details.			
This is a <u>non-cancelable</u> lease for the full term indicated.)			
Address _____	City _____	State _____ Zip _____ Attention: _____	
7. GRID INFORMATION - INTERNAL USE ONLY			
AUTHORIZATION GRID ID#: _____	USER DEFINED GRID ID#: _____	MFC GRID ID: _____ 8-pos. Alpha/Numeric	
MC CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	VISA CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK CREDIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	
MC DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	VISA DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT TIERED GRID ID _____ 8-pos. Alpha/Numeric	
MC CREDIT MPG ID _____ 8-pos. Alpha/Numeric	VISA CREDIT MPG ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK CREDIT MPG ID _____ 8-pos. Alpha/Numeric	
MC DEBIT MPG ID _____ 8-pos. Alpha/Numeric	VISA DEBIT MPG ID _____ 8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID _____ 8-pos. Alpha/Numeric	
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 <u>90</u> %	
Average YEARLY MC/Visa Volume \$ _____	Avg. American Express Ticket (Estimate If Never Processed in Past) \$ _____	Internet _____%	
Average YEARLY American Express Volume \$ _____	Highest Ticket Amount \$ _____	Mail Order _____%	
Average YEARLY Discover Network Volume \$ _____		Telephone Order <u>10</u> %	
Seasonal? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____		Total <u>100</u> %	
9. SERVICE FEE SCHEDULE			
Accept all MasterCard, Visa, Discover Network and American Express Transactions (presumed, unless any selections below are checked)			
<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.	
See Section 1.9 of the Program Guide for details regarding limited acceptance.			
<input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly			

SP1707(ia)		9. SERVICE FEE SCHEDULE (cont'd)				SP1710(ia)					
Authorization & Capture Transaction Fees											
MC/Visa Auth & Capture Fee: \$0.00 (Per Item)		Discover Network Auth & Capture Fee: \$0.00 (Per Item)		TransArmor Data Protection Auth Fee \$0.00 (Per Item)							
<input type="checkbox"/> American Express ESA/Pass Through*		<input type="checkbox"/> American Express Monthly Fee*: \$7.95 (Flat Fee)		Voice Authorization \$1.50 (Per Item)							
American Express Auth & Capture Fee: \$0.00 (Per Item)		American Express ESA/Pass Through SE #:		Electronic AVS Fee \$0.00 (Per Item)							
American Express Discount Rate 0%		Flat Per Transaction Fee \$0.00		Voice AVS Fee \$1.00 (Per Item)							
American Express Prepaid Discount Rate 0%		Flat Per Transaction Fee \$0.00		ARU Fee \$1.50 (Per Item)							
*American Express Monthly Flat Fee or Discount Rate may apply. The 0.30% non-swiped fee is applied to any Charge for which American Express did not receive both (i) the full Magnetic Stripe and (ii) the indicator as to whether the Card was swiped. 0.30% downgrade will be charged by American Express for transactions whenever a CNP or 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, telephones, fax or the Internet). Note: The CNP Fee is applicable to transactions made on all American Express Cards, including Prepaid Cards. This fee applies to all American Express programs.											
Miscellaneous Fees											
<input type="checkbox"/> Dues and Assessments		Chargeback Fee \$15.00 (Per Item)		Retrieval Fee (12B Letter) \$10.00 (Per Item)		Return Trans. Fee \$0 (Per Item)					
Sales Transaction Fee \$0 (Per Item)		Batch Fee \$0 (Per Item)		*Early Termination Fee \$350.00 (One Time Fee) <small>*The Early Termination Fee will be waived if Merchant provides us with 30 days prior written notice of its intent to terminate the Agreement.</small>		eIDS Access Fee \$0.00					
EBT - Food Stamps \$0.00 (Per Item) #:		EBT - Cash Benefits \$0.00 (Per Item)		Other: 0.00 \$							
Minimum Monthly Fee \$0.00		Monthly Statement Fee \$0.00 (Acct on File)		Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACH Reject Fee \$25.00 (Per Item)					
MC License Fee \$0.00 (Per Sales Item)		0.00% (Sales Volume)		\$0.00 (Flat Rate) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December							
Visa Proc Fee \$0.00 (Per Item)		MC Proc Fee \$0.00 (Per Item)		Visa BIN Fee \$0.00 (Per Item)		MC ICA Fee \$0.00 (Per Item)					
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Visa FANF Card Present Surcharge \$0.00 (Flat Rate)		Visa FANF Card Not Present Surcharge \$0.00 (Flat Rate)							
Pass Visa Acq Processing Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pass Visa Int'l Acquirer Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Pass MC Acquirer Support Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Cross Border Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pass Visa Acq ISA Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pass Discover Int'l Proc Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pass Discover Int'l Service Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Merchant Fee Control Grid Fees				User Defined Grid Fees							
Annual Fee \$0.00		Other: \$0.00		Other: \$0.00		Wireless Fee \$0.00					
Month 0.00		<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					
Pass Visa Kilobyte Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Visa Kilobyte Fee Surcharge \$0.00 (Flat Rate) or \$0.00 (Per Item)		Portfolio Mgr Fee \$0.00							
Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Visa AFD Non Participation Fee Surcharge \$0.00 (Per Item)		eMerchantView Access Fee \$0.00							
Pass MasterCard Kilobyte Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MasterCard Kilobyte Fee Surcharge \$0.00 (Flat Rate) or \$0.00 (Per Item)		Customer Service Fee \$0.00							
Pass MasterCard CVC2 Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MasterCard CVC2 Fee Surcharge \$0.00 (Flat Rate) or \$0.00 (Per Item)		Debit Access Fee \$0.00							
Pass MasterCard ICA AVS Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MasterCard ICA AVS Fee Surcharge \$0.00 (Per Item)		Supplies: \$0.00							
Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Discover Network Auth Fee Surcharge \$0.00 (Flat Rate) or \$0.00 (Per Item)		Other: \$0.00							
Pass American Express Network Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		American Express Network Fee Surcharge 0.00% (Sales Volume)		TIN/TFN & Regulatory Product Fees							
Pass STAR Debit Network Annual Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		STAR Debit Network Annual Fee Surcharge \$0.00 (Flat Rate)		Reg. Product Fee \$0.00 (Monthly)							
Pass Pulse Debit Network Annual Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pulse Debit Network Annual Fee Surcharge \$0.00 (Flat Rate)		TIN/TFN Invalid \$0.00 (Monthly)							
Pass Jeanie Debit Network Annual Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Jeanie Debit Network Annual Fee Surcharge \$0.00 (Flat Rate)		Website Usage \$0.00 (Per Item)							
Clover & TransArmor Srvc Monthly Fee (per station) \$0.00 (Flat Rate)		Insightics Solution Monthly Fee (per MID) \$0.00 (Flat Rate)		IVR Usage \$0.00 (Per Item)							
Perka Solution Monthly Fee (per MID) \$0.00 (Flat Rate)		<small>(For the Perka Solution, you will be provided with registration instructions and will be asked to electronically agree to Perka Inc.'s terms and conditions)</small>									
Other Item Rate											
MC Credit \$0.00		Visa Credit \$0.00		Discover Network Credit \$0.00		American Express Credit \$0.00					
MC Debit \$0.00		Visa Debit \$0.00		Discover Network Debit \$0.00							
Other Volume %											
MC Credit 0.00%		Visa Credit 0.00%		Discover Network Credit 0.00%		American Express Credit 0.00%					
MC Debit 0.00%		Visa Debit 0.00%		Discover Network Debit 0.00%							
Tiered											
Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee			
MC Qual Credit	0.00%	\$0.00	Visa Qual Credit	0.00%	\$0.00	Discover Network Qual Credit	0.00%	\$0.00	American Express Qual Credit	0.00%	\$0.00
MC Mid-Qual Credit	0.00%	\$0.00	Visa Mid-Qual Credit	0.00%	\$0.00	Disc. Network Mid-Qual Credit	0.00%	\$0.00	American Express Mid-Qual Credit	0.00%	\$0.00
MC Non-Qual Credit	0.00%	\$0.00	Visa Non-Qual Credit	0.00%	\$0.00	Disc. Network Non-Qual Credit	0.00%	\$0.00	American Express Non-Qual Credit	0.00%	\$0.00
MC Worldcard Qual	0.00%	\$0.00	Visa Rewards 1	0.00%	\$0.00						
MC Worldcard Mid-Qual	0.00%	\$0.00	Visa Rewards 2	0.00%	\$0.00						
MC Worldcard Non-Qual	0.00%	\$0.00									
MC Qual Debit	0.00%	\$0.00	Visa Qual Debit	0.00%	\$0.00	Discover Network Qual Debit	0.00%	\$0.00			
MC Mid-Qual Debit	0.00%	\$0.00	Visa Mid-Qual Debit	0.00%	\$0.00	Disc. Network Mid-Qual Debit	0.00%	\$0.00			
MC Non-Qual Debit	0.00%	\$0.00	Visa Non-Qual Debit	0.00%	\$0.00	Disc. Network Non-Qual Debit	0.00%	\$0.00			
MC Regulated Debit Disc't	0.00%	\$0.00	Visa Regulated Debit Disc't	0.00%	\$0.00	Disc. Network Reg. Debit Disc't	0.00%	\$0.00			
ERR											
	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees			
MC Qual Credit	0.00%	0.00%	Visa Qual Credit	0.00%	0.00%	Discover Network Qual Credit	0.00%	0.00%	American Express Qual Credit	0.00%	0.00%
MC Qual Debit	0.00%	0.00%	Visa Qual Debit	0.00%	0.00%	Discover Network Qual Debit	0.00%	0.00%			

9. SERVICE FEE SCHEDULE (cont'd)

Pass Through Interchange - 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.)	
MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%	American Express Qual Credit	%
MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%		%
PIN Debit				First Data Global Gateway e4 (GGE4)			
<input type="checkbox"/> Pass Through Debit Network Fees		Other Item Rate	\$ 0.00 (per item)	<input type="checkbox"/> GGE4 Participation		GGE4 Effective Date: _____	
		Other Volume Percent	0% (per item)	GGE4 One Time Setup Fee		\$ _____ (one time)	PayPal Auth Fee \$ _____ (per item)
TeleCheck				First Data Global Gateway e4 (GGE4) TeleCheck			
<input type="checkbox"/> ECA Warranty		<input type="checkbox"/> Mail Order Warranty		<input type="checkbox"/> Single Hold Check Warranty			
<input type="checkbox"/> Multiple Hold Check Warranty		<input type="checkbox"/> Paper Warranty		<input type="checkbox"/> C.O.D. Warranty			
SE # _____		Inquiry Rate _____%		GGE4 Monthly Fee		\$ _____ (monthly)	PayPal Sale Fee \$ _____ (per item)
Dec. Risk Surcharge .10%		Stmnt/Processing Fee \$ 5.00		GGE4 Auth Fee		\$ _____ (per item)	PayPal Return Fee \$ _____ (per item)
Per TXN Fee \$ _____		Customer Requested Operator Call (CROC) \$ 2.50		GGE4 AVS Fee		\$ _____ (per item)	
Monthly Minimum Fee \$ _____ (Per Location)		ECA Chargeback Fee \$ 5.00					
Fleet							
WEX: Other Item Rate \$ _____ (per item)		Voyager: Qual _____%		GGE4 TeleCheck Auth Fee \$ _____ (per item)			
Other Item Rate \$ _____ (per item)				GGE4 TeleCheck Deposit Fee \$ _____ (per item)			
				GGE4 TeleCheck Adjustment Fee \$ _____ (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 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, and the TeleCheck Services 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.

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.

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's 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 on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how AXP's protects your privacy and how AXP uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200. I understand that in the event I decline to receive marketing communications from American Express, I may continue to receive messages from American Express regarding American Express services. I understand that upon AXP's approval of the Application, as applicable, the entity will be provided with the Agreement and materials welcoming it to AXP's Card acceptance program.

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 X _____	Title _____	Signature X _____	Title _____
Print Name of Signer _____	Date _____	Print Name of Signer _____	Date _____
Signature X _____	Title _____	Signature _____	Title _____
Print Name of Signer _____	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 **X** _____ Print Name/Title: _____ Date _____
 Authorized Signature on TeleCheck Account for ACH

Personal Guaranty: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A. and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease 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 agree ments. 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 X _____	Signature X _____
Title _____	Title _____
Date _____	Date _____