

APPLICATION FOR MERCHANT CARD PROCESSING

STW Short Name: _____	Assoc #: _____	
Sales Rep Name: _____	Sales Rep Code: _____	Branch #: (if applicable) _____

For purposes of this application, "Processor" or "TSYS" is TSYS Merchant Solutions, LLC, or one of its affiliates, located at 12202 Airport Way, Suite 100 Broomfield, CO 80021 and can be contacted at (800) 654-9256. Additional information can be found on the TSYS-affiliated website, www.TSYS.com.

1. BUSINESS INFORMATION

Legal Name of Business (25 characters max)			DBA Name (25 characters max)		
Legal Address		Suite	DBA Address (Physical location, no PO Boxes)		Suite
City	State	ZIP	City	State	ZIP
Legal Phone Number () - -		Legal Fax Number () - -		DBA Phone Number () - -	
				DBA Fax Number () - -	
Email Address for Notices: _____ (See "Notices" in the Merchant Card Processing Agreement included with this application for additional information relating to email address usage.)					
Customer Service Phone Number () -			Length Owned:		
Website Address: _____			Years Months		
Preferred Address for:					
Statements? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address					
Chargebacks? <input type="checkbox"/> Legal Address or <input type="checkbox"/> DBA Address <input type="checkbox"/> FAX _____					
<input type="checkbox"/> Email Address (TransLink) _____					
Contact Name: _____			Title _____		Phone _____
Any prior bankruptcies? Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____			Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Filing Date? _____		
Business type: <input type="checkbox"/> Retail <input type="checkbox"/> Retail with Tips <input type="checkbox"/> Restaurant <input type="checkbox"/> MOTO _____% <input type="checkbox"/> Internet _____% <input type="checkbox"/> Lodging <input type="checkbox"/> Supermarket <input type="checkbox"/> Utility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Business to Business _____%					
Detailed business description (including description of Products or Services sold). Provide separate pages if needed:			MCC / SIC _____		

2. W-9 INFORMATION (Input information as shown on your income tax return.)

Taxpayer Identification Number: (Must be 9 digits) <input type="checkbox"/> EIN <input type="checkbox"/> Social Security Number or <input type="checkbox"/> ITIN		Name (as shown on your income tax return, up to 40 characters) _____	
Address for IRS/Compliance notices: (if different than Legal Address given above) _____ City State ZIP		To consent to paperless delivery of IRS notices, please review and check the box below: <input type="checkbox"/> By checking this box, you acknowledge that you have read and agree to Consent to Paperless Delivery of Tax Related Documents located at www.TSYS.com/documents and included with this application and that you consent to receiving IRS notices via paperless delivery.	
For purposes of paperless delivery of IRS Notices, you are required to provide a valid email address. If different from the email address already provided above, please indicate the email address where you wish to receive paperless delivery of your IRS Notices. If you consent to receive IRS/Compliance notices by paperless delivery, please indicate the email address where such notices should be sent. (Email address required)			
Type of Ownership:		Exempt Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No 501(c)(3) Tax-exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sole Proprietorship, Date of Birth _____ <input type="checkbox"/> Political Organization		<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust <input type="checkbox"/> Professional Assoc. <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Financial Institution	

3. BENEFICIAL OWNER AND OFFICER INFORMATION

A. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity or sole proprietorship for which the account is being opened.

Name of Owner	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	Date of Birth	Percent Owned (%)	Residential Address, City, State, Zip	Residential Phone Number
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				

B. The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section A above may also be listed in this section B.)

Name of Officer/Manager and Title	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	Date of Birth	Percent Owned (%)	Residential Address, City, State, Zip	Residential Phone Number
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. Privacy Policy can be found at www.tsys.com.

Name and Title of person Opening Account who by signing page 5 of this application is certifying (i) that, to the best of his/her knowledge, the information provided in this section 3 is complete and correct, and (ii) that the information provided in Sections 1 and 2 about the legal entity for which the account is being opened is complete and correct.	Name:	
	Title:	

4. SITE SURVEY / PATRIOT ACT

Site Survey:	<input type="checkbox"/> On Site Visit Done by Sales Representative	Merchant's physical inventory consistent with the business signage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Sales Partner Validated	
	<input type="checkbox"/> No Site Survey Performed	Site Consistent with application: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Sales Representative*: _____ **Printed Name:** _____ **Date:** _____

*By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, as applicable.

PATRIOT ACT REQUIREMENTS - To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Section I and II for all business types except if a Government Entity where only Section I is required. Completion of Site Survey section by Sales Representative is required.

Section I: Government Form of Identification	Items Reviewed	Section II: Business Form of Identification	Items Reviewed
<input type="checkbox"/> Government Entity Articles of Incorporation <input type="checkbox"/> Government Entity Tax Determination Letter <input type="checkbox"/> Government Entity Third Party Verification	Third Party Verification Description: _____ _____ _____ _____ _____	<input type="checkbox"/> Government Issued Business License <input type="checkbox"/> Tax Return <input type="checkbox"/> Entity Articles <input type="checkbox"/> Business Financial Statement	Business Name: _____ Date and Place of Issuance: _____ ID/IRS Employer ID: _____ Expiration Date: _____

5. CARD PROCESSING INFORMATION

Have you ever accepted credit cards before? ☐ Yes ☐ No If yes, what is the processor's name? _____
 Please provide the most recent **3 months** of credit card processing statements.

Number of locations? _____ **If you are affiliated with an existing account, please provide existing Merchant ID#:** _____
☐ Please check this box if you are applying for processing services for additional merchant locations. If the additional locations are under common ownership, federal tax identification number, same authorized signatory, please submit the Additional Merchant Addendum as Exhibit A with this application. Please note that all additional locations, along with the Primary location, will be subject to and governed by the terms and conditions of this application and the Merchant Card Processing Agreement referenced in and included with this application. If the additional locations are not under common ownership or have varying tax identification numbers and authorized signatories, you will be required to submit a separate Application for Merchant Card Processing per location.

Do you bill your customers prior to goods being shipped? ☐ Yes ☐ No
 If Yes, how many days? ☐ 0-2 days ☐ 3-30 days ☐ 31-60 days ☐ 61-90 days ☐ Over 90 days

What is your Return and Refund Policy? (Please be specific)

How do you advertise? (check all that apply) ☐ Yellow pages ☐ Telemarketing ☐ Catalog ☐ Word of mouth ☐ Publications ☐ Mass/Direct mail ☐ Internet
☐ Other, please explain: _____

Please supply copies of advertising, including catalogs and brochures.
 Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www.X.com, .net, .org, etc.) on each page.

Card Types Requested?* Select all that apply. ☐ All Credit Cards ☐ All Credit and PIN Based Debit Cards ☐ PIN Based Debit Cards Only **

***Merchant has the right not to accept all card types. **Point Of Sale programming cannot prohibit the acceptance of credit cards; therefore, it is the merchant's responsibility to enforce this. Processor, and not Merchant Bank, will settle American Express, PayPal™ In-Store, Discover, and JCB transactions.**

Credit Card Processing Methods	Do you use a third party fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and address.	Average Credit/Debit Transaction (Ticket) Amount:	Total Credit/Debit Monthly Sales:
Card Swiped Transactions _____ %		\$ _____	\$ _____
Manually Keyed (Card Present with Imprints) _____ %	_____		
Manually Keyed (Card Not Present and/or Mail Order/Telephone Order) _____ %	_____		
eCommerce (Card Not Present) _____ %	_____		
Total (must equal 100%) 100 %	_____		
Business to Business (must be 0 - 100%) _____ %			

Does annual American Express volume exceed \$1,000,000? ☐ Yes ☐ No **Would Merchant like to receive American Express marketing materials** ☐ Yes ☐ No*

*By checking 'No' merchant opts out of receiving future commercial marketing communications from American Express. Note that you may continue to receive marketing communications while American Express updates its records to reflect your choice. Opting out of commercial marketing communications will not preclude you from receiving important transactional or relationship messages from American Express.

Seasonal Business? ☐ Yes ☐ No If Yes, indicate by "X" the months that are **ACTIVE:** ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

List the names of each of your independent contractors or agents that will have access to, store, process, or transmit cardholder data, including online shopping carts, payment gateways, hosting companies, and order-taking services. (Provide separate pages if needed).

6. BANKING INFORMATION

Name and Phone Number of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number (Shown on the bottom of check)	Type of Accounts	Use this account for* (select all that apply)
1.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> chargebacks <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> TXP ACH fees
2.**			<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> general ledger	<input type="checkbox"/> daily settlement <input type="checkbox"/> monthly billing <input type="checkbox"/> chargebacks <input type="checkbox"/> TXP ACH settlement <input type="checkbox"/> TXP ACH fees

*If nothing indicated, Financial Institution #1 will be used for all ACH activity. ****AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the **provided voided check** (if applicable) relating to the above account (**) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents. This authority is to remain in effect until Merchant Bank or its agents receive written notice from Merchant revoking it. You understand that you will be considered the Receiver of all ACH entries submitted hereunder, and agree to comply with all rules and operating guidelines of the NACHA Rules and other relevant clearing house associations which are applicable to Receivers, as the same may be applicable to transactions processed hereunder.

7. TRADE REFERENCES

Trade Name	Account Number	Phone Number	Product Sold (if applicable)

8. FEE SCHEDULE

PRICING (Select One): <input type="checkbox"/> QMNC <input type="checkbox"/> Differential <input type="checkbox"/> Pass Through <input type="checkbox"/> TransFreedom				PROCESSING TYPE: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> TTC	
Fee Category: Visa/MC/AXP/DISC/PP/JCB/ Diners Cards (if applicable)	Discount Rate	Authorization Fee	Per Item Fee	Voice/ARU Auth Fee	Chargeback Fee
Qualified or Plus Rate: (Retail, MOTO, Internet)	_____ %	All Card Types \$ _____	\$ _____	Batch Close Fee \$ _____	Retrieval Fee \$ _____
Mid-Qualified Surcharge: (Retail Only)	_____ %		\$ _____	Monthly Minimum Discount \$ _____	Application Setup Fee \$ _____
Non-Qualified or Differential Surcharge: (Retail, MOTO, Internet)	_____ %		\$ _____	Monthly Service Fee \$ _____	Reprogramming Fee \$ _____
Rewards Surcharge: (Retail Only)	_____ % <input type="checkbox"/> with Qualified Rewards at Pass Thru			TransFreedom Monthly Fee \$ _____	Terminal Support Fee \$ _____
Check Card Rebate: (Signature Based)	<input type="checkbox"/> Standard Card Rebates <input type="checkbox"/> Card Rebates at Full Difference <input type="checkbox"/> - _____		\$ _____	Admin Fee: \$ _____	Annual Fee: \$ _____ Start Date: _____
Fees for Access to Card Brand Services (see description below)	_____ %		\$ _____	ACH Return Fee \$ _____	<input type="checkbox"/> Merchant Savings Club Monthly Fee \$ _____
				Payment Gateway Monthly \$ _____	Payment Gateway Setup \$ _____

The following association-related fees, as adjusted or allocated by TSYS, may be added to "Fees for Access to Card Brand Services" billing bundle or be itemized on merchant statements - Cross border international transaction assessments/program support, MC network access/brand usage (NABU), MC Digital Enablement, MC license fee, MC Safety Net, MC Account Status Inquiry Service (ASIS) fee, Visa US acquirer processing fee (APF), Visa Zero Floor Limit, Visa misuse of the authorization system, Visa FANF, Visa integrity, Credit Voucher fee for Visa, MC processing integrity, Discover data usage and American Express Access and System Processing fees. Further Visa / MC / AXP / DISC / PP fees, including association Base II and kilobyte fees, Visa / MC / AXP / DISC / PP assessments, and \$15 Annual Location Fee for MC may also apply. **Batch Close Fee:** All batch closing and batch inquiries are considered "transactions" and will be billed at the same rate as Visa / MC / AXP / DISC/PP Trans Fees unless specified. **Monthly Minimum Discount:** Applies to Discount Rate & captured transaction fees. Qualified T&E Surcharge of .60% will apply to T&E merchant transactions. **TransFreedom:** In addition to your TransFreedom Monthly fee, Automatic Volume Purchase billing may apply to volume processed in excess of the current pricing tier at a rate of \$20.00 per every \$500.00 in additional processed volume. **Invalid Data Fee:** a \$25 per month fee will be applied to your account if you have provided us with an invalid tax identification number or incorrect name for your company.

Note: Processor and its contractors provide the additional products and services set forth in sections 9, 10 and 11, in addition to Purchasing Cards, Corporate Cards and Fleet Cards and the Invalid Data Fee above. Merchant Bank does not provide such services and has no responsibility or liability for them.

9. ADDITIONAL SERVICES AND TERMS

☐ ACH Processing (ACH Addendum required) ☐ Check Services (CrossCheck Application required) ☐ Petro/Fleet (Petro Addendum required)
☐ Voyager ☐ Wright Express (WEX)

TransLink Insights

Merchant is provided a 60 day free trial period. Merchant will be billed \$29.99 per location per month if not cancelled during the free trial period. These products and services are provided by Processor and not Merchant Bank. Merchant Bank has no obligation or liability for this product or service.

☐ By checking this box, Merchant declines to participate in the TransLink Insights product.

PIN Debit/EBT

PIN Based Debit Per Item Fee* \$ _____ PIN Based Debit Monthly Fee \$ _____ PIN Based Debit Application Fee \$ _____ EBT Per Item Fee \$ _____

*Debit Discount Rate: NOTE - PIN Based Debit authorization and interchange fees may apply.

TransIT/Transaction Express/Transaction Central/ Sierra Semi Integrated Processing Services

TransIT Product: ☐ WebPASS ☐ MultiPASS ☐ THP ☐ TSEP ☐ Vital Select ☐ Vital Plus ☐ Vital Mobile

Setup Fee \$ _____ (One time per POS) Monthly Fee \$ _____ (per POS) Data Protection \$ _____ (per Item)

☐ TC ☐ TC Plus TC Setup Fee \$ _____ (One time per POS) TC Monthly Gateway Fee \$ _____ (per POS) TXP Direct Swipe Monthly Fee \$ _____

☐ TXP ☐ ACH TXP Package Setup Fee \$ _____ (One time per POS) TXP Package Monthly Fee \$ _____ (per POS) Integration Fee \$ _____

QB Payment Terminal Setup Fee \$ _____ (per TXP ID) QB Payment Terminal Monthly Fee \$ _____ (per TXP ID)

ACH Discount Rate _____ % ACH Trans Fee \$ _____ ACH Return Fee \$ _____ Fraud Check Fee \$ _____

Wireless and Other Services

Wireless Setup Fee \$ _____ (One Time/Per Terminal) Wireless Monthly Gateway Fee \$ _____ (Per Terminal) Other Fee: \$ _____ Description: _____
PCI Quarterly Program Fee* \$ _____ (PCIQ, PCIM, PCIB)
*Fee will be reduced to \$ _____ for ongoing support once compliance is validated.

Petro/Fleet (per Terminal) SmartLink (per Modem) ☐ Monthly ☐ Semiannually
Setup Fee: \$ _____ Setup Fee: \$ _____ Breach Coverage Fee
Monthly Fee: \$ _____ Monthly Fee: \$ _____ \$ _____

Section 11.2(d) Fee (as stated in the Merchant Card Processing Agreement) does not apply if checked ☐

Breach Enrollment Fee \$ _____ (PCIC) If at any time MERCHANT is not validated for PCI compliance and has opted out of Breach Coverage, MERCHANT will be automatically enrolled in the Breach Coverage program at the rate indicated above, until such time that MERCHANT restores validation and opts out, at which point MERCHANT will again be opted out.
PCI Monthly Non Validation Fee \$ _____ (PCIM)
PCI Monthly Program Fee** \$ _____ (PCIC)
**Fee will be increased to \$ _____ for ongoing support if compliance is not validated 75 days after signing.

10. EQUIPMENT OPTIONS

Industry: ☐ Retail ☐ Retail w/ Tips ☐ Restaurant ☐ MOTO ☐ QPS Retail ☐ QPS Restaurant ☐ Lodging ☐ Petro/Fleet ☐ Cash Advance

Equipment shipped to: ☐ DBA ☐ Legal ☐ Agent ☐ Other* ☐ N/A **Merchant trained by:** ☐ Agent ☐ TSYS ☐ Other*

Welcome Kit sent by: ☐ Agent ☐ TSYS **Welcome Kit shipped to:** ☐ DBA ☐ Legal ☐ Agent ☐ Other* ☐ N/A

*If Other was selected above, provide shipping details below.

*Name: _____ *Address: _____

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

Item Description	Model	Version/SIM#	Qty	Code**	Price**	Bill To**	FEATURES			
Terminal							PIN Based Debit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dial Prefix	
Terminal							EBT Services	<input type="checkbox"/> Cash Benefits Only	<input type="checkbox"/> Food Stamps***	<input type="checkbox"/> Both***
Terminal							***EBT FNS/FCS# (7 digits):		Multi-Merchant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					Parent MID:	Number of Child Accts:		
Printer		<input type="checkbox"/> Thrm <input type="checkbox"/> Roll					AVS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Corp/Purch Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	eCommerce	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIN Pad							Verification Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quick Pymnt Srv	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMV Reader							Partial Auth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Reader							Auto Close	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Close Time	
Imager							Connection Method	<input type="checkbox"/> Dial <input type="checkbox"/> IP/SSL <input type="checkbox"/> Wireless		
Software Name							Store & Forward	<input type="checkbox"/> Yes <input type="checkbox"/> No	Memory Size	<input type="checkbox"/> 512K <input type="checkbox"/> 1Meg
Modem							EMV Capabilities	<input type="checkbox"/> Contact <input type="checkbox"/> Contactless <input type="checkbox"/> NFC		
Merchant Email Address (Required):							Tip at Time of Sale	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tip Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No
**Shipping, handling, and tax will be billed in addition to the equipment price listed above. If merchant owned WAY terminal, SIM # & Serial # required. Bill To Options: Merchant, Agent, TSYS, N/A Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, FLS = First Data Leasing, EE = Encryption exchange, RTL = TSYS rental program or STR = Short term rental. Any free use equipment provided by TSYS is the property of TSYS and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.TSYS.com/documents and included with this application.										
11. TRANSIT/ TXP/TC/SIERRA SEMI INTEGRATED HARDWARE AND CONFIGURATION ***Required Data										
Product: <input type="checkbox"/> Transit <input type="checkbox"/> Sierra Semi Integrated <input type="checkbox"/> Transaction Express <input type="checkbox"/> Transaction Central <input type="checkbox"/> TC Plus (CC & ACH – ACH Addendum required)										
TransIT Product: <input type="checkbox"/> WebPASS <input type="checkbox"/> MultiPASS <input type="checkbox"/> THP <input type="checkbox"/> TSEP <input type="checkbox"/> Vital Select <input type="checkbox"/> Vital Plus <input type="checkbox"/> Vital Mobile										
TXP Input Types: <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Web Services <input type="checkbox"/> Batch <input type="checkbox"/> Post <input type="checkbox"/> Hosted Industry: <input type="checkbox"/> Retail <input type="checkbox"/> MOTO <input type="checkbox"/> eCommerce										
***Integrated Product Name:							***Integrated Website Address:			
***Welcome Email Address:										
TRANSIT FEATURES						SIERRA SEMI INT FEATURES			TXP FEATURES*	
Auto Batch Close Time		Forced Re-Credit		<input type="checkbox"/> Y		Tokenization	<input type="checkbox"/> Default <input type="checkbox"/> Custom	Batch Close Method	<input type="checkbox"/> M/A	
Location Type		CNP Batch		<input type="checkbox"/> Y		Custom Tokenization MID:		Direct Swipe	<input type="checkbox"/> Y	
Headquarter MID		Enhanced Data (Level II & III)		<input type="checkbox"/> Y				Partial Authorization	<input type="checkbox"/> Y	
Tokenization:	<input type="checkbox"/> Default <input type="checkbox"/> Custom	PIN Debit		<input type="checkbox"/> Y				Batch Response File	<input type="checkbox"/> Y	
Custom Tokenization MID:		Mandatory Security Code		<input type="checkbox"/> Y				File Split	<input type="checkbox"/> Y	
EnsureBill:	<input type="checkbox"/> InFlight <input type="checkbox"/> Standard	Apple Pay		<input type="checkbox"/> Y				Private Label	<input type="checkbox"/> Y	
Partial Authorization	<input type="checkbox"/> Y	Samsung Pay		<input type="checkbox"/> Y				PIN Debit	<input type="checkbox"/> Y	
Forced Authorization	<input type="checkbox"/> Y	Device Type:	<input type="checkbox"/> Android <input type="checkbox"/> iPhone			TC FEATURES*				
Item Description	Config/Color	QTY	Code	Price	Bill To	Batch Close Method	<input type="checkbox"/> A <input type="checkbox"/> M	Corp/Purch Cards	<input type="checkbox"/> Y	
						Recurring Method	<input type="checkbox"/> A <input type="checkbox"/> M	Duplicate Card Accept	<input type="checkbox"/> Y	
						Multi-User	<input type="checkbox"/> Y	ECI (req'd for Internet)	<input type="checkbox"/> Y	
						Batch Upload	<input type="checkbox"/> Y	AVS	<input type="checkbox"/> Y	
						Allow Blind Credits	<input type="checkbox"/> Y	Private Label	<input type="checkbox"/> Y	
						Group ID:		PL Name:		
*Important: If feature not selected, it will be defaulted off. If Manual Recurring is selected, Auto Recurring is also activated. If both ECI and Recurring needs to be setup under 1 MID, 2 Transaction Central setups are required. Note: A=Auto / M=Manual										
Special Instructions:										
**Shipping, handling, and tax will be billed in addition to the equipment price listed above. Bill To Options: Merchant, Agent, TSYS, N/A Codes: FU = Free use, MO = Merchant owned, PN = Purchase new, PO = Purchase via other source, PRF = Purchased refurbished, PI = Purchase Installments, FLS = First Data Leasing, EE = Encryption exchange, RTL = TSYS rental program or STR = Short term rental. Any free use equipment provided by TSYS is, as between Merchant and TSYS, the property of TSYS and is being provided for free use and Merchant agrees that it has read and agrees to the terms and conditions regarding such free use equipment as set forth in the Merchant Card Processing Agreement located at www.TSYS.com/documents and included with this application.										

PLEASE CAREFULLY REVIEW THE MERCHANT CARD PROCESSING OPERATING GUIDE (the "OPERATING GUIDE") AND THE TERMS AND CONDITIONS OF VERSION v18.0119 OF THE MERCHANT CARD PROCESSING AGREEMENT (the "MPA") AVAILABLE AT WWW.TSYS.COM/DOCUMENTS, EACH OF WHICH IS HEREBY INCORPORATED BY REFERENCE. IF APPLICABLE, PLEASE ALSO CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION V6.0419 OF THE CARD NOT PRESENT ADDENDUM TO THE MERCHANT CARD PROCESSING AGREEMENT AVAILABLE AT WWW.TSYS.COM/DOCUMENTS, WHICH IS HEREBY INCORPORATED BY REFERENCE.

Agreement Signature: As the person signing below on behalf of the business designated on the above application as the Merchant, I certify that I am an owner, partner or officer of the Merchant and have been duly authorized to sign this application and to bind the Merchant to the MPA and the Operating Guide. Merchant and each Guarantor signing below hereby acknowledge that they have each read this application and the MPA and agree to be bound by the terms and conditions contained in these documents. Merchant (and Guarantor when applicable) by signing below agrees to comply with the Operating Guide. Merchant certifies that all information provided in this application is true, correct and complete. Merchant (and Guarantor when applicable) authorizes the Merchant Bank and Processor or their respective agents to make whatever inquiries the Merchant Bank or Processor deems appropriate to investigate and verify any of the credit, financial and other information given by Merchant for the purpose of this application, including credit references and to obtain credit reports on each person signing below. Credit or other information on Merchant, owners, officers and any guarantors of the Merchant may be requested for purposes of this application and during the merchant processing relationship pursuant to the MPA.

By affixing their signature(s) below, any/all Personal Guarantor(s) do hereby agree to assume personal responsibility to Merchant Bank and/or Processor in the event of default of any obligation by the Merchant under the terms of the MPA. The responsibility of the individual guarantors shall accrue for all obligations due to Merchant Bank and/or Processor under the MPA and all applicable laws, rules, and regulations.

If 'RTL' or 'STR' is indicated in Section 10, then by signing below, and upon receiving delivery of the rental equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of either the POS Portal Rental Agreement or the Equipment Terms set forth in Section 24 of the Merchant Card Processing Agreement (as applicable). If renting equipment from POS Portal, Inc. ("POS Portal") Merchant authorizes POS Portal to verify the application information and receive and exchange information about Merchant, including requesting reports from consumer reporting agencies. If 'FLS' is indicated, then by signing below and upon receipt of the First Data Global Leasing (FDGL) equipment, Merchant represents that Merchant has read and agrees to be bound by the terms of the Equipment Lease Agreement.

Processor will settle your American Express®, PayPal In-Store Checkout and Discover® transactions and (a) Merchant will receive one consolidated statement from Processor that will reflect Merchant's Visa, MasterCard, American Express, PayPal In-Store Checkout and Discover transactions; (b) Merchant's American Express, PayPal In-Store Checkout and Discover settlement funds will be paid at the same time and in the same manner as Merchant's Visa and MasterCard settlement; and (c) Merchant will not have a direct relationship with American Express, PayPal or Discover and the terms set forth in the MPA for American Express, PayPal In-Store and Discover transactions will apply. By signing below, Merchant agrees to be bound by the PayPal Operating Regulations for In-Store Checkout and the American Express merchant requirements contained in the Operating Guide. Merchant consents to the disclosure of transaction data, merchant data and other information about the Merchant to American Express and to the use by American Express of such information to perform its responsibilities in connection with the provision of its services, to promote the American Express Network, perform analytics and create reports, and for any other lawful business purposes including marketing purposes. Merchant agrees American Express may use any information in this application to screen and/or monitor Merchant in connection with American Express card marketing and administrative purposes.

If the TransFreedom Program is selected above, then by signing Merchant acknowledges, accepts and agrees that pricing is based upon processed volume and average ticket size and that this pricing may be subject to Automatic Volume Purchase billing, in addition to the TransFreedom monthly fee, if Merchant's actual processing volume exceeds its current pricing tier. Merchant accepts and agrees that it is obligated for all monthly pricing based on its processed volume and average ticket size, including any applicable Automatic Volume Purchase billing.

If Check Services is selected above, then CrossCheck acceptance shall be added to this application and by signing below, Merchant agrees to be bound by and perform in accordance with all the terms and conditions and provisions of the Check Services Agreement and as set forth by CrossCheck. Merchant acknowledges that the Terms and Conditions for Check Service will be sent to Merchant upon approval by CrossCheck.

By electing to process Credit Card and/or Debit Card transactions and by signing this application, Merchant grants consent and authorization to Merchant Bank or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under and in accordance with the terms and conditions of the this application and the MPA.

By electing to process ACH transactions and by signing this application, Merchant grants consent and authorization to Processor or its agents or designated representatives to initiate automatic debit and credit entries and adjustments to the Settlement Account and any Reserve Account through the ACH Settlement Process for the amounts due under the Automated Clearing House (ACH) Addendum and ACH Terms and Conditions available at WWW.TSYS.COM/DOCUMENTS, which are incorporated by this reference. By signing below Merchant acknowledges that it has read and agrees to be bound by the ACH Addendum and the ACH Terms and Conditions (v6.1018TC for TC Plus or v4.1018TXP for TransIT/TXP ACH depending on processing services selected in Section 9).

Merchant certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

Any unilateral alteration, strikeover or modification to the preprinted text or line entries of the application or MPA shall be of no effect. Merchant acknowledges that the parties may produce and rely upon a copy or electronically stored image of the merchant application and MPA for all legal purposes.

12. MERCHANT(S) SIGNATURE(S)		GUARANTOR(S) SIGNATURE(S)	
1) _____ Merchant Signature (Owner or Officer) _____ Date _____	1) _____ Guarantor Signature _____ Date _____	1) _____ Guarantor Signature _____ Date _____	1) _____ Guarantor Signature _____ Date _____
_____	_____	_____	_____
Print name _____	Title _____	Print name _____	(No Titles) _____
2) _____ Merchant Signature (Owner or Officer) _____ Date _____	2) _____ Guarantor Signature _____ Date _____	2) _____ Guarantor Signature _____ Date _____	2) _____ Guarantor Signature _____ Date _____
_____	_____	_____	_____
Print name _____	Title _____	Print name _____	(No Titles) _____

CARD ORGANIZATION DISCLOSURE PAGE

Merchant Services Provider Contact Information

Name: TSYS Merchant Solutions, LLC
 Address: 12202 Airport Way, Suite 100 Broomfield, CO 80021
 URL: www.TSYS.com
 Customer Service #: (800) 654-9256

Member Bank/Merchant Bank Information

The Bank's mailing address is Wells Fargo Bank, N.A., PO Box 6079, Concord, CA, 94524, and its phone number is (844) 284-6834.

Important Member Bank Responsibilities

- The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
- The Bank must be a principal party to the Merchant Card Processing Agreement.
- 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.
- The Bank is responsible for and must provide settlement funds to the Merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Card Processing Agreement.
- Comply with Card Organization rules.
- Retain a signed copy of this Card Organization Disclosure Page.

Merchant Resources

- You may download "Visa Regulations" from Visa's website at:
<https://usa.visa.com/support/small-business/regulations-fees.html#3>
- You may download "Mastercard Rules" from Mastercard's website at:
<http://www.mastercard.com/us/merchant/support/rules.html>

The responsibilities above do not replace the terms of the Merchant Card Processing Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Bank is the ultimate authority should the Merchant experience any problems.

Merchant Information (* = Required)

*Business Legal Name (Printed): _____

*Business Address: _____

*Business Phone Number: _____

*Signature of Owner or Officer: _____

*Printed Name of Owner or Officer: _____

*Title: _____

*Date: _____

AUTHORIZATION AGREEMENT FOR ACH DIRECT PAYMENTS

Company Legal Name	Merchant ID	
Company Address		
Company City, State and Zip		
<p>I/We, hereby authorize <u>Pappas Financial Group</u> hereinafter called COMPANY, to initiate debit and or credit entries to my (our) <input type="checkbox"/> Checking Account / <input type="checkbox"/> Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. The payments will be for the annual/monthly PCI Compliance fees and Credit Card Equipment for my merchant account as well as for any ongoing orders initiated by my company for supplies and any other purchases.</p>		
Depository Name	Branch	
City	State	Zip
Routing Number	Account Number	

Routing No.
⑆011000111⑆
Bank Account No.
011000111*
Check No.
0110

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payment Date 1st day of each Month Payment Amount Varies
 Number of payments Ongoing

I/We, the Merchant, hereby agrees to indemnify and hold harmless Pappas Financial Group, its Members, officers, employees, agents, representatives and contractors (each, an "Indemnified Party") from and against any and all losses, liabilities, damages, claims, suits, actions, government proceedings, taxes, penalties or interest, associated auditing and legal expenses and other costs (including without limitation, reasonable attorney's fees and related costs) arising out of or related to (a) Merchant's breach of Payment Card Industry (PCI) standards/requirements, (b) Merchant's use of the PCI program or related information (i) in violation of this Agreement, or (ii) in violation of any applicable law, rule or regulation, (c) Merchant's non-performance of Merchant Services or (d) Merchant's negligence or willful misconduct.

Signature: _____

Name of Authorized Signer: _____

Date: _____

**Pappas Financial Group does not provide any services to repair/fix/maintain any operating system related to PCI compliance.*

****Voided check is required**