

Merchant Application Instructions

Please read the following instruction in order to get fast approval and to avoid delays to your merchant application.

- Please complete sections 1-5 & 8 to the best of your knowledge, Section 6,7 & 9 are for office use only, Please leave those blank.

- **Fields that you are not sure about leave blank please don't type N/A.**

- Section 10 need to be signed by the owner, If there are 2 owners both of them need to sign (there is room for 2 signatures), also please sign the **Personal Guarantee section**

- Please sign the confirmation page (last Page)

In addition to the application please send us a copy of the following items:

- **Voided check Or Bank letter**
- **One of the following documents: Business licenses, Article of Incorporation, LLC paper, DBA or a Sellers Permit**
- **One of the following documents: Driver licenses, ID or passport**
- **One of following: Website or marketing materials**

Fax the complete application along with the above documents to: 904-212-0556
Attn: New Accounts / High Risk

For any questions please contact sales@salemanager.com.

We are looking forward to serve you and thank you for your business.

Sales Office _____ Print Sales Rep Name _____ Sales ID# _____
 Merchant Number _____ Sales Rep. Signature _____ Phone # _____

I. BUSINESS INFORMATION

Client's Business Name (<i>Doing Business As</i>):			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):		
Business Address:			Billing Address (<i>If Different Than Location Address</i>):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail or Website Address:			Contact Fax # / E-mail Address:		
Customer Service Phone #:			Contact Phone #:		
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location			Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		
<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: _____	
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:			
SIC/MCC:					

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.

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Mixed <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated</p> <p>3. How many employees: _____</p> <p>4. How many registers / Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</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 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/Visa/Discover Network Credit If MC/Visa/Discover Network Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. Advertising Method (<i>Attach at least one</i>): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i></p>	<p>15. Your Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">Mail / Telephone Order / Business to Business / Internet Information <i>(All Questions must be Answered)</i></p> <p>1. What % of total sales represent business to business (<i>vs business to consumer</i>): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>2. What % of bankcard sales represent business to business (<i>vs business to consumer</i>): Business to Business _____% + Business to Consumer _____% = 100% (total sales)</p> <p>3. What is the time frame from transaction to delivery? (<i>% of orders delivered in</i>): 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%</p> <p>4. MC/Visa/Discover Network sales are deposited (<i>check one</i>): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>5. Who performs product / service fulfillment? <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If vendor, add Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Please describe how the transaction works, from order taking to merchant fulfillment (<i>attach additional sheet if necessary</i>):</p> <p>6. Does any of your cardholder billing involve automatic renewals or recurring transactions (<i>i.e., cardholder authorizes initial sale only</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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3. COMPANY HISTORY

Date Business Started: _____		Prior Bankruptcies? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Business and / or <input type="checkbox"/> Personal			
TRADE REFERENCE 1			TRADE REFERENCE 2		
Vendor Name: _____			Vendor Name: _____		
Address: _____			Address: _____		
City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
Contact Name: _____			Contact Name: _____		
Contact Telephone: _____	Vendor Acct. #: _____		Contact Telephone: _____	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: _____	City: _____	State: _____	Zip: _____
Telephone #: _____	Social Security #: _____		Telephone #: _____	Social Security #: _____	
D.O.B.: _____	DI #: _____	State: _____	D.O.B.: _____	DI #: _____	State: _____

5. SETTLEMENT INFORMATION

Deposit Bank: _____	Bank Contact: _____
Transit / ABA #: _____	Deposit Account #: _____
ACH Detail Flag: <input type="checkbox"/> Individual <input type="checkbox"/> Combined <input type="checkbox"/> Separate (defaults to Combined if option not selected)	

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 _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing
Terminal Model _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing
Printer Model _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing
PIN Pad _____	Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Existing

Address _____	City _____	State _____	Zip _____	Attention: _____
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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)	

GI1210(ia) **8. TRANSACTION INFORMATION** GI1210(ia)

FINANCIAL DATA		WHERE IS SALE TRANSACTED? (Must = 100%)
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check) \$ _____	Average MasterCard/Visa/ Discover Network Ticket \$ _____ <i>(Estimate If Never Processed in Past)</i>	Store Front/Swiped _____ %
Average YEARLY MasterCard/Visa/ Discover Network Volume \$ _____	Highest Ticket Amount \$ _____	Internet _____ %
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____		Mail Order _____ %
		Telephone Order _____ %
		Total 100 %

9. SERVICE FEE SCHEDULE

GI1210(ia)		GI1210(ia)
Authorization & Capture Transaction Fees		
MasterCard and Visa Authorization & Capture Fee: \$ _____ (Per Item)	Discover® Network Authorization & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ 0.75 (Per Item)
American Express ESA/Pass Through Authorization: \$ _____ (Per Item)	JCB Authorization: \$ _____ (Per Item)	Electronic AVS Fee \$ 0.05 (Per Item)
Other Item: \$ _____ (Per Item)	Other Item: \$ _____ (Per Item)	Voice AVS Fee \$ 1.95 (Per Item)
SE #: _____	SE #: _____	ARU Fee \$ 0.75 (Per Item)

Miscellaneous Fees				Monthly Fees	
<input checked="" type="checkbox"/> Dues and Assessments	Chargeback Fee \$ 25.00 (Per Item)	Retrieval Fee (12B Letter) \$ 15.00 (Per Item)	Return Trans. Fee \$ _____ (Per Item)	PCI Service Fee	\$ _____
Sales Transaction Fee \$ _____ (Per Item)	Batch Fee \$ _____ (Per Item)	Early Termination Fee \$ 300.00 (One Time Fee)		eMerchantView Access Fee	\$ _____
EBT - Food Stamps \$ _____ (Per Item) #:	EBT - Cash Benefits \$ _____ (Per Item)	Other: \$ _____		Customer Service Fee	\$ _____
Annual Fee \$ _____	Gateway Monthly Fee \$ _____	Gateway Trans. Fee \$ _____ (Per Item)		Debit Access Fee	\$ _____
Discover Network Other Item Rate \$ _____	JCB Other Item Rate \$ _____			Chargeback Plan	\$ _____
Minimum Monthly Fee \$ 25.00	Monthly Statement Fee \$ 10.00 (Account on File)	Pass Visa ACQ ISA Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other:	\$ _____
Pass Visa Acquirer Processing Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Authorization Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa International Acquirer Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Pass MC Acquirer 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 MC National Acquirer Brand Usage (NABU) Fee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Discount Fees (Based on Gross Sales Volume)	
<p>Accept all MasterCard, Visa and Discover Network Transactions (presumed, unless any selections below are checked)</p>	
<p>MasterCard Acceptance</p> <p><input type="checkbox"/> Accept MC Credit Transactions <i>only</i></p> <p><input type="checkbox"/> Accept MC Non-PIN Debit Transactions <i>only</i></p>	<p>Visa Acceptance</p> <p><input type="checkbox"/> Accept Visa Credit Transactions <i>only</i></p> <p><input type="checkbox"/> Accept Visa Non-PIN Debit Transactions <i>only</i></p>
<p>Discover Network Acceptance</p> <p><input type="checkbox"/> Accept Discover Network Credit Transactions <i>only</i></p> <p><input type="checkbox"/> Accept Discover Network Non-PIN Debit Transactions <i>only</i></p>	
<p>See Section 1.9 of the Program Guide for details regarding limited acceptance.</p>	
<p><input type="checkbox"/> Discount Collected <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p>	

Fleet	
Wright Express:	Other Item Rate \$ _____ (per item)
Voyager:	Qual _____% Other Item Rate \$ _____ (per item)

TeleCheck	
<input type="checkbox"/> Split Dial <input type="checkbox"/> License # <input type="checkbox"/> MICR <input type="checkbox"/> Warranty <input type="checkbox"/> ECA	
SE Number	_____

Tiered					
	Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	VS Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	VS Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	VS Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	VS Rewards 1	%	\$
MC Worldcard Mid-Qual	%	\$	VS Rewards 2	%	\$
MC Worldcard Non-Qual	%	\$			
MC Qual Debit	%	\$	VS Qual Debit	%	\$
MC Mid-Qual Debit	%	\$	VS Mid-Qual Debit	%	\$
MC Non-Qual Debit	%	\$	VS Non-Qual Debit	%	\$
Discover Network Qual Credit	%	\$	Discover Network Qual Debit	%	\$
Discover Network Mid-Qual Credit	%	\$	Discover Network Mid-Qual Debit	%	\$
Discover Network Non-Qual Credit	%	\$	Discover Network Non-Qual Debit	%	\$

TeleCheck Rates & Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inquiry Rate	_____ %
December Risk Surcharge	.10 %
Per TXN Fee	\$ _____
Monthly Minimum Fee (Per Location)	\$ 25.00
ACH Processing Fee	\$ 5.00
Client Requested Operator Call (CROC)	\$ 2.50
ECA Chargeback Fee (Only charged when entitled with TeleCheck)	\$ 5.00

ERR								
	Discount	Non-Qual Fees		Discount	Non-Qual Fees		Discount	Non-Qual Fees
MC Qual Credit	%	%	Visa Qual Credit	%	%	Discover Network Qual Credit	%	%
MC Qual Debit	%	%	Visa Qual Debit	%	%	Discover Network Qual Debit	%	%

Pass Through Interchange - Includes Dues and Assessments							
Other Item Rate \$ _____ (per item)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)		Discount (Based on Gross Sales Volume)	
Other Volume Percent (Based on Net Volume) _____ %	MC Qual Credit	%	Visa Qual Credit	%	Discover Network Qual Credit	%	
	MC Qual Debit	%	Visa Qual Debit	%	Discover Network Qual Debit	%	

PIN Debit		
<input checked="" type="checkbox"/> Pass Through Debit Network Fees	Other Item Rate \$ _____ (per item)	Other Volume Percent _____ %

GI1210(ia)	10. SIGNATURE(S)	GI1210(ia)
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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 GI1210) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. 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 at Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes Group ISO Merchant Services and Wells Fargo Bank, N.A. ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this Merchant Processing Application. Client authorizes Group ISO Merchant Services and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. It is our policy to obtain certain information in order to verify your identity while processing your account application.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Group ISO Merchant Services and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Group ISO Merchant Services and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the Application, the entity will be the Agreement and materials welcoming it, either to AXP's program for Group ISO Merchant Services 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 Group ISO Merchant Services servicing program, the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time.

Client 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 Group ISO Merchant Services and Bank.

Client's Business Principal/Officer:

Signature **X** _____

Print Name of Signer _____

Title _____

Date _____

Signature **X** _____

Print Name of Signer _____

Title _____

Date _____

Signature **X** _____

Print Name of Signer _____

Title _____

Date _____

PERSONAL GUARANTEE: The undersigned guarantees to Group ISO Merchant Services and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. Group ISO Merchant Services and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of Group ISO Merchant Services and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and First Data Lease, if applicable and any addendum thereto, and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof, though enforcement may be sought subsequent to any termination.

Personal Guarantee

Signature **X** _____

Print Name: _____

Date _____

Personal Guarantee

Signature **X** _____

Print Name: _____

Date _____

Accepted By Group ISO Merchant Services

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

Signature **X** _____

Signature **X** _____

Title _____ Date _____

Title _____ Date _____

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

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

1. **Your discount rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover Network. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Card Processing Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons** why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 10.
4. **If you dispute any charge or funding**, you must notify us within 45 days of the date of the statement where the charge or funding appears or should have appeared.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20.
6. **We have assumed certain risks** by agreeing to provide you with Card processing. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest).
7. **By executing this Agreement with us** you are authorizing us to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you may be responsible for the payment of early termination fees as set forth in Section 35, Additional Fee Information.

9. Association Disclosure

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

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

Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

Important Merchant Responsibilities:

- a) Ensure compliance with cardholder data security and storage requirements.
- b) Maintain fraud and chargebacks below Association thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Association rules.

Print Client's Business Legal Name: _____

By its signature below, Client acknowledges that it received the complete Program Guide [Version GI1210(ia)] consisting of 30 pages (including this confirmation).

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

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

<http://www.groupiso.com>

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED AND, IF MADE, ANY SUCH ALTERATIONS OR STRIKE-OUTS SHALL NOT APPLY.

Client's Business Principal:

Signature (Please sign below):

X _____

_____ Title

_____ Date

Please Print Name of Signer