

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

I. BUSINESS INFORMATION

Page 1 of 4

Client's Business Name (<i>Doing Business As</i>):			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):		
Business Address:			Billing Address (<i>If Different Than Location Address</i>):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail Address:			Contact Fax # / E-mail Address:		
Business Website Address:			Contact Phone #:		
Customer Service Phone #:	Customer Service E-mail Address:		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		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		Location Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____					
Name (<i>as it appears on your income tax return</i>)		FEDERAL TAX ID # (<i>as it appears on your income tax return</i>)		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (<i>If checked, please attach IRS Form W-8.</i>)	

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

*SIC/MCC: _____ IATA/ARC: _____ (MCC 4722 Only)

Note: *If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967 and 7841¹, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations².

¹Registration for MCC 7841 is only required for non-face-to-face adult content.

²Information herein, including applicable MCCs, is subject to change.

Detailed Explanation of Type of Merchandise, Products or Services Sold:

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mail <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: _____</p> <p>4. How many registers / Terminals: _____</p> <p>5. Is proper license visible? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p> <p>13. Do you have a refund policy for MC/Visa/Discover® Network/ 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 (<i>Attach at least one</i>): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i></p> <p>15. Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p>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/American Express 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? No Yes Business and / or Personal

Merchant Initials: _____

4. OWNERS / PARTNERS / OFFICERS

OmahaWF1810		4. OWNERS / PARTNERS / OFFICERS						OmahaWF1810(ia)			
OWNER / PARTNER / OFFICER 1					OWNER / PARTNER / OFFICER 2						
Name: (First, MI, Last)				% Ownership:	Name: (First, MI, Last)				% Ownership:		
Title:					Title:						
Home Address: (No P.O. Box)					Home Address: (No P.O. Box)						
City:		State:	Zip:		Country:	City:		State:	Zip:		Country:
Telephone #:			Social Security #:			Telephone #:			Social Security #:		
D.O.B.:		DL #:		State:	D.O.B.:		DL #:		State:		

5. SETTLEMENT INFORMATION

Deposit Bank:					Bank Contact:				
Transit / ABA #:					Deposit Account #:				
ACH Detail Flag: <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, identify the Third Party Processor used: 00 None 01 Yahoo 02 Authorize.net 03 Cybersource 04 Verifone 05 Merchant Link 06 Shift 4
 07 Apriva 08 FIS 09 Six Payment Services Corp 10 Verisign 99 Other (please specify) _____
INTERNET GATEWAY: First Data Global Gateway Other: _____
 Wireless Network: _____
 PC/Internet Software _____ Quantity _____ New Rent Lease Existing
 Terminal Model _____ Quantity _____ New Rent Lease Existing
 Printer Model _____ Quantity _____ New Rent Lease Existing
 PIN Pad _____ Quantity _____ New Rent Lease Existing

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

Total Monthly Lease Charge: \$ _____ **Total Cost To Lease (without tax): \$** _____

(w/o taxes, late fees, or other charges that may apply - See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Option to purchase: If you wish to buyout the equipment, please contact 1-877-257-2094 to obtain the cost.

Address		City	State	Zip	Attention:	
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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	AMERICAN EXPRESS 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	AMERICAN EXPRESS 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 _____ %	
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 _____ %	
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____				Total 100%	

9. SERVICE FEE SCHEDULE

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

MasterCard	Visa	Discover Network	American Express
<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.

Discount Collected Daily Monthly

Authorization & Capture Transaction Fees

MC/Visa Auth & Capture Fee: \$ _____ (Per Item)	Voice Authorization \$ _____ (Per Item)
Discover Network Auth & Capture Fee: \$ _____ (Per Item)	Electronic AVS Fee \$ _____ (Per Item)
American Express Auth & Capture Fee: \$ _____ (Per Item)	Voice AVS Fee \$ _____ (Per Item)
American Express Pass Through (existing) SE #: _____	ARU Fee \$ _____ (Per Item)

Merchant Initials: _____

OmahaWF1810 **9. SERVICE FEE SCHEDULE (cont'd)** OmahaWF1810(ia)

Miscellaneous Fees			
<input type="checkbox"/> Dues and Assessments	Chargeback Fee (Per Item) \$ _____	Retrieval Fee (12B Letter) (Per Item) \$ _____	Return Trans. Fee (Per Item) \$ _____
Sales Transaction Fee (Per Item) \$ _____	Batch Fee (Per Item) \$ _____	Early Termination Fee (One Time Fee) \$ _____	eIDS Access Fee (Per Item) \$ _____
EBT – Food Stamps (Per Item) \$ _____ #: _____		EBT – Cash Benefits (Per Item) \$ _____	Other: _____ \$ _____
Minimum Monthly Fee \$ _____	Monthly Statement Fee (Acct on File) \$ _____	Pass Visa Trans Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	ACH Reject Fee (Per Item) \$ _____
MC License Fee (Per Sales Item) \$ _____	(Sales Volume) _____ %	(Flat Rate) \$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually in December
Visa Proc Fee (Per Item) \$ _____	MC Proc Fee (Per Item) \$ _____	Visa BIN Fee (Per Item) \$ _____	MC ICA Fee (Per Item) \$ _____
Pass Visa Fixed Acquirer Network Fee (FANF) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa FANF Card Present Surcharge (Flat Rate) \$ _____	Visa FANF Card Not Present Surcharge (Flat Rate) \$ _____	
Pass Visa Acq Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Misuse of Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Zero Floor Limit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Int'l Acquirer Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
Pass MC Acquirer Support Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Cross Border Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Data Usage Charge <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Visa Acq ISA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
Pass MC Proc Integrity Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Proc Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Discover Int'l Service Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass MC Nat'l Acquirer Brand Usage (NABU) Fee <input type="checkbox"/> Yes <input type="checkbox"/> No

Merchant Fee Control Grid Fees			User Defined Grid Fees	
Annual Fee \$ _____	Other: _____ \$ _____	Other: _____ \$ _____	Wireless Fee	\$ _____
Month _____	<input type="checkbox"/> Per item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Month _____	<input type="checkbox"/> Per item <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Pass Visa Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Kilobyte Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____		AccessOne Fee	\$ _____
Pass Visa AFD Non Participation Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa AFD Non Participation Fee Surcharge (Per Item) \$ _____		eMerchantView Access Fee	\$ _____
Pass Discover Network Auth Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Discover Network Auth Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____		Customer Service Fee	\$ _____
Pass American Express Network Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	American Express Network Fee Surcharge (Sales Volume) _____ %		Debit Access Fee	\$ _____
Pass MasterCard Kilobyte Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Kilobyte Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____		Supplies:	\$ _____
Pass MasterCard CVC2 Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard CVC2 Fee Surcharge (Flat Rate) \$ _____ or (Per Item) \$ _____		Other: _____	\$ _____
Pass MasterCard ICA AVS Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard ICA AVS Fee Surcharge (Per Item) \$ _____			
Pass MasterCard Digital Enablement Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Digital Enablement Fee Surcharge (Sales Volume) _____ %			
Pass MasterCard Business to Business US <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Business to Business US Surcharge (Sales Volume) _____ %			
Pass STAR Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	STAR Debit Network Annual Fee Surcharge (Flat Rate) \$ _____			
Pass Pulse Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Pulse Debit Network Annual Fee Surcharge (Flat Rate) \$ _____			
Pass Jeanie Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Jeanie Debit Network Annual Fee Surcharge (Flat Rate) \$ _____			
Pass NYCE Debit Network Annual Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	NYCE Debit Network Annual Fee Surcharge (Flat Rate) \$ _____			
TransArmor Solution Full Bundle Fee (Flat Rate) \$ _____	TransArmor Solution PCI Only Fee (Flat Rate) \$ _____			
TransArmor Data Protection Fee (Flat Rate) \$ _____	Clover Service Fee Monthly (per station) (Flat Rate) \$ _____			
Wireless Terminal Monthly Fee (Per Item) \$ _____	Clover Go Monthly Fee (per device) (Flat Rate) \$ _____			
Insightics Solution Monthly Fee (per MID) (Flat Rate) \$ _____	Perka Solution Monthly Fee (per MID) (Flat Rate) \$ _____			

TIN/TFN & Regulatory Product Fees			
Reg. Product Fee	\$ _____ (Monthly)		
TIN/TFN Invalid	\$ _____ (Monthly)		
Website Usage	\$ _____ (Per Item)		
IVR Usage	\$ _____ (Per Item)		

(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)

Other Item Rate			
MC Credit	\$ _____	Visa Credit	\$ _____
Discover Network Credit	\$ _____	American Express Credit	\$ _____
MC Debit	\$ _____	Visa Debit	\$ _____
Discover Network Debit	\$ _____		

Other Volume %			
MC Credit	%	Visa Credit	%
Discover Network Credit	%	American Express Credit	%
MC Debit	%	Visa Debit	%
Discover Network Debit	%		

Tiered Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$ _____	Visa Qual Credit	%	\$ _____	Discover Network Qual Credit	%	\$ _____	American Express Qual Credit	%	\$ _____
MC Mid-Qual Credit	%	\$ _____	Visa Mid-Qual Credit	%	\$ _____	Disc. Network Mid-Qual Credit	%	\$ _____	American Express Mid-Qual Credit	%	\$ _____
MC Non-Qual Credit	%	\$ _____	Visa Non-Qual Credit	%	\$ _____	Disc. Network Non-Qual Credit	%	\$ _____	American Express Non-Qual Credit	%	\$ _____
MC Worldcard Qual	%	\$ _____	Visa Rewards 1	%	\$ _____						
MC Worldcard Mid-Qual	%	\$ _____	Visa Rewards 2	%	\$ _____						
MC Worldcard Non-Qual	%	\$ _____									
MC Qual Debit	%	\$ _____	Visa Qual Debit	%	\$ _____	Discover Network Qual Debit	%	\$ _____			
MC Mid-Qual Debit	%	\$ _____	Visa Mid-Qual Debit	%	\$ _____	Disc. Network Mid-Qual Debit	%	\$ _____			
MC Non-Qual Debit	%	\$ _____	Visa Non-Qual Debit	%	\$ _____	Disc. Network Non-Qual Debit	%	\$ _____			
MC Regulated Debit Disc't	%	\$ _____	Visa Regulated Debit Disc't	%	\$ _____	Disc. Network Reg. Debit Disc't	%	\$ _____			

Merchant Initials: _____

9. SERVICE FEE SCHEDULE (cont'd)

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

■ 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	%	American Express has Program Pricing and not Interchange and are subject to change.	

PIN Debit			First Data PayeezySM Gateway Services			First Data PayeezySM Gateway Services Telecheck		
<input type="checkbox"/> Pass Through Debit Network Fees	Other Item Rate	\$ _____ (per item)	<input type="checkbox"/> Payeezy Gateway Participation	Payeezy Gateway Effective Date: _____				
	Other Volume Percent	_____ % (per item)	Payeezy Gateway One Time Setup Fee	\$ _____ (one time)	Payeezy Gateway TeleCheck Auth Fee		\$ _____ (per item)	
TeleCheck			Payeezy Gateway Monthly Fee	\$ _____ (monthly)	Payeezy Gateway TeleCheck Deposit Fee		\$ _____ (per item)	
<input type="checkbox"/> ECA Warranty	<input type="checkbox"/> Mail Order Warranty	<input type="checkbox"/> Single Hold Check Warranty	Payeezy Gateway Auth Fee	\$ _____ (per item)	Payeezy Gateway TeleCheck Adjustment Fee		\$ _____ (per item)	
<input type="checkbox"/> Multiple Hold Check Warranty	<input type="checkbox"/> Paper Warranty	<input type="checkbox"/> C.O.D. Warranty	Payeezy Gateway AVS Fee	\$ _____ (per item)				
SE # _____	Inquiry Rate _____ %	Stmt/Processing Fee \$ 5.00	PayPal Auth Fee	\$ _____ (per item)				
	Dec. Risk Surcharge .10%	Customer Requested Operator Call (CROC) \$ 2.50	PayPal Sale Fee	\$ _____ (per item)				
	Per TXN Fee \$ _____	ECA Chargeback Fee \$ 5.00	PayPal Return Fee	\$ _____ (per item)				
	Monthly Minimum Fee \$ _____ (Per Location)							

Fleet

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

OmahaWF1810 align="center">**10. SIGNATURE(S)** OmahaWF1810(ia)

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.

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 _____
Print Name of Signer _____	Date _____	Print Name of Signer _____
Signature X _____	Title _____	Title _____ 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 Guarantee: In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment 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 agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature **X** _____ Print Name: _____ Date _____
Personal Guarantee Signature **X** _____ Print Name: _____ Date _____

Accepted By First Data Merchant Services Corporation **Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), 1200 Montego, Walnut Creek, CA 94598**

Signature **X** _____ Signature **X** _____
 Title _____ Date _____ Title _____ Date _____