



Talus Payments
12700 Park Central Dr
11th Floor

Dallas, TX 75251
(800) 787-4105

A registered ISO/MSP of
Synovus Bank
1125 First Ave.
Columbus, GA 31901

(706) 649-4900

APPOINTMENT #:
MERCHANT #:
SIC/MCC:
Application Lead Source:

In-House Referral Outside Referral

MERCHANT APPLICATION & AGREEMENT

MERCHANT BUSINESS NAME(S) (PLEASE PRINT CLEARLY)							
Exact Legal Name:				Business D.B.A Name (ONLY if different from Legal Name):			
Physical Street Address (NO PO Boxes):				Mailing / Billing Address (ONLY if different from Physical Address):			
City:	State:	Zip:	County:	City:	State:	Zip:	County:
Phone #:		Fax #:		Website Address:			
Email Address:							

Email information is intended for business use and is protected from disclosure.

MERCHANT PROFILE (BE ACCURATE)							
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> PA or PC				Federal Tax ID#:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Not For Profit <input type="checkbox"/> City/Government Agency							
Detailed Description of Business, including products/services sold:				Have you ever accepted Visa / MasterCard / Discover Network? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please list the name of each independent contractor, Merchant Servicer or other Agent of Merchant that will have access to cardholder data (attach separate pages if needed):				Name of prior processor: Provide last 3 months of processing statements			
Type of Business Documents (Must check one of the options below and provide the necessary information for that option):							
<input type="checkbox"/> Certified Articles of Incorporation ->		Date of Issuance: _____		Place of Issuance: _____			
<input type="checkbox"/> Business License -> License Number: _____		Date of Issuance: _____		Place of Issuance: _____		Expiration Date: _____	
Ticket Size:	Average \$			Has this business or any associated principal been terminated as a Visa / MasterCard / Discover Network? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Monthly Volume:	Average \$			Years applicant owned business:	Years business has existed:	# of locations:	Hours of operations
Annual Volume:	\$					Mon-Fri:	Sat/Sun:
Visa/MasterCard/Discover Network Sales Profile			Merchant Type			Bank Account (Name of Bank):	
Card Swipe:	%		<input type="checkbox"/> Retail	<input type="checkbox"/> Internet			
Keyed/MOTO/Internet:	%		<input type="checkbox"/> Retail with IP	<input type="checkbox"/> MOTO		Routing/Transit #:	Checking Account #:
Total Must Equal 100%			<input type="checkbox"/> Restaurant	<input type="checkbox"/> Lodging			

OWNERS OR OFFICERS (More than 50%)							
#1. Full Name:		Title:	Date of Birth:	Applicant's SSN or ITIN #:	% Equity Ownership:		
Physical Residence Address (NO PO Boxes):			City:	State:	Zip:	Phone #:	
Driver's License #:	D.L Issuance Date:		D.L. Expiration Date:		D.L. State:		
#2. Full Name:		Title:	Date of Birth:	Applicant's SSN or ITIN #:	% Equity Ownership:		
Physical Residence Address (NO PO Boxes):			City:	State:	Zip:	Phone #:	
Driver's License #:	D.L Issuance Date:		D.L. Expiration Date:		D.L. State:		
(if any) All Other Equity Owners: How Many? _____ Percentage Ownership? _____							

NOTE: Privacy Policy, including with respect to the collection and use of social security numbers can be found at [<http://www.taluspay.com>]

MERCHANT SITE SURVEY REPORT (TO BE COMPLETED BY TALUS PAYMENTS REPRESENTATIVE)							
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____							
The Merchant: <input type="checkbox"/> Owns the Business Premises <input type="checkbox"/> Leases the Business Premises							

FURTHER COMMENTS BY INSPECTOR:

I hereby verify that this application has been reviewed and executed by merchant applicant, I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief, and I have also verified and inspected the above referenced driver's license(s) of the Merchant's owner(s) and (unless the Merchant is a sole proprietor) the above referenced Certified Articles of Incorporation or Business License of the business entity listed above as the business legal name of the Merchant.

I hereby verify that I have inspected physical inventory of goods and products at this premise and that inventory is consistent with the type of stated business and sales volume on the application. I have inspected the signage and find it consistent with the type of stated business on the application.

Verified and Inspected by (PRINT NAME):	REPRESENTATIVE ID #:	REPRESENTATIVE TEAM NAME:	DATE #:
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TALUS PAYMENTS REPRESENTATIVE SIGNATURE: X _____

MERCHANT NAME:

Talus Payments Application & Agreement (continued)

VISA/MASTERCARD/DISCOVER NETWORK FEES

Card Brand Acceptance: VISA MasterCard Discover

Qualified Discount Rate*: _____% Card Types To Be Accepted: BOTH Credit/Business Consumer Signature Debit

Authorization Fee: \$ _____ T&E Authorization and Settle Fee: \$ _____ (also applies to American Express**)

* The above Discount Rates are for qualified transactions only. Discount Rates are based upon MERCHANT'S business type, method of sale and processing procedures. Deviation from the standards established by Visa/MasterCard/Discover Network will result in increased Discount Rates. In addition, charges made via MasterCard Business™ Card or Visa Commercial Card at travel and entertainment merchant locations will be subject to a surcharge.

See rates and fees in the "Standard Fee Schedule" at p. 2 of the Merchant Processing Terms & Conditions; and to Section 18 of the Merchant Processing Terms & Conditions for additional information. Please note: The establishment of the merchant account will be delayed until all necessary additional forms are submitted. Please contact Client Services for additional information. Every attempted transaction to the host will be billed an authorization fee.

OR Cost+ _____ bps and \$ _____ Per Item Fee

AMERICAN EXPRESS ACCEPTANCE & PROGRAM FEES**

American Express® ACCEPT DECLINE Existing American Express SE# (10 digits): _____

Have you ever accepted American Express before? Yes No

If YES: Avg Ticket Size: \$ _____ Avg Monthly Volume \$ _____ Annual Volume \$ _____

American Express Network Sales Profile: Card Swipe _____% Keyed/MOTO/Internet _____% Total (must equal 100%) _____%

Merchant Type: Retail Retail With IP Restaurant Internet MOTO Lodging

American Express Program Fee + _____ bps and \$ _____ Per Item Fee | Settlement/Deposit Schedule: 3-Day Net Deposit American Express Program includes all program fees. The program fees include per item fees, American Express Network Fee, Data Quality Fee, Non-Swiped Transaction Fee, Non-Swiped Application-Initiated Transaction Fee and Technical Specifications Non-Compliance Fee

By checking this box, 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 management messages from American Express.

OTHER FEES

Account Maintenance Fee***: \$ _____ monthly (See rates and fees in the merchant processing terms & conditions.)

Monthly Minimum: \$ _____ for every V/M dollar not processed less than \$ _____

Corporate Fee: \$ _____ (includes unlimited AVS transactions.) Voice Authorization Fee: \$ _____ per Request

Per Item Fee: \$ _____ Chargeback Fee: \$ _____ per Item Return Draft Fee: \$ _____ per Item Retrieval Fee: \$ _____ per Item

DDA/DBA Change Fee: \$ _____ One Free Per Calendar Year Card Data Security Fee***: \$ _____ per Month

Mid Qualified Transaction Surcharge: _____ Non-Qualified Transaction Surcharge: _____ These fees are in addition to the qualified discount rate.

Processing Fee***: \$ _____ (This covers Application Processing, Welcome Kit, 1 Rolls of Paper, Talus Pay Terminal Shipping and Handling.)

De-Conversion Fee: \$ _____ May be waived if any of the following apply: (i) excessive previous processor cancellation fee, (ii) MERCHANT closes business or (iii) MERCHANT sells the business. See Merchant Processing Terms and Conditions.

** Synovus Bank does not provide these services and has no responsibility or liability therefor

PERSONAL GUARANTEE AND ACKNOWLEDGEMENTS

AUTHORIZATION: MERCHANT hereby authorizes Synovus Bank and FPT Operating Company, LLC d/b/a Talus Payments to initiate debit/credit entries via ACH Transfers to and from any bank account (including without limitation the one identified above in this application) until all obligations of MERCHANT to Synovus Bank and Talus Payments have been performed and paid in full. This authorization extends to all entries including, but not limited to, lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or Talus Pay check services, debit services and amounts due for supplies and materials.

By signing below, each of the undersigned owners/officers of Merchant represents that he/she has read and is authorized to sign and submit this application on behalf of the Merchant identified above and all information provided herein is true, complete and accurate. Merchant authorizes Synovus Bank and Talus Payments or any credit reporting agency employed by Synovus Bank or Talus Payments or any agent of Synovus Bank or Talus Payments, to make whatever inquiries Synovus Bank or Talus Payments deems appropriate to investigate, verify, or research references, statements or data obtained from Merchant for the purpose of this application or any application for accompanying POS terminal(s) or equipment financing. Merchant, and any Guarantor(s) signing below, and each individual signing below as an owner or officer of Merchant or as a Guarantor, authorizes Synovus Bank and Talus Payments to receive and exchange information about Merchant, such Guarantor(s), and such individuals, including, requesting reports from consumer reporting agencies on such individuals. If such individual asks Synovus Bank or Talus Payments whether or not a consumer report was requested, Synovus Bank or Talus Payments will tell them, and if Synovus Bank or Talus Payments received a report, Synovus Bank or Talus Payments will give such individual the name and address of the agency that furnished it. Merchant is responsible for adhering to all Operating Rules (as defined in the Merchant Processing Terms & Conditions) including, without limitation, rules / guidelines as established by Visa, MasterCard and Discover. Copies of certain of the Operating Rules can be found at www.visa.com, www.mastercard.com, and www.discovernetwork.com/merchants/. Without limiting the generality of the foregoing, by signature below, Merchant also agrees to comply with all Visa, MasterCard and Discover data security requirements, including the Visa Cardholder Information Security Program ("CISP"), details of which can be found at www.visa.com/cisp, MasterCard's Site Data Protection ("SDP") Program, details of which can be found at https://www.mastercard.us/en-us/merchants/safety-security/security-recommendations/site-data-protection-PCI.html, and the Discover Information Security Compliance Program ("DISC"), details of which can be found at http://www.discovernetwork.com/fraudsecurity/disc.html, and all other existing and future data security requirements provided for, or referred to, in the Merchant Processing Terms & Conditions. Merchant will provide written notice to, and receive written authorization from, Synovus Bank and Talus Payments prior to using any Merchant Servicer or other Agent who will have access to cardholder or card transaction data.

AMERICAN EXPRESS AUTHORIZATION: By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. 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 Terms and Conditions. In addition, Merchant is responsible for adhering to all rules/guidelines as established in the American Express Merchant Operating Guide. A copy of the Merchant Operating Guide is available for download at the following location: www.americanexpress.com/merchantsopguide. A copy of the American Express Data Security Operating Policy ("DSOP") can be obtained online at www.americanexpress.com/datasecurity. TSYS Acquiring Solutions LLC, 1601 Dodge Street, OMAHA, NE 68102, is Merchant's acquirer for American Express, or will convey American Express sales on Merchant's behalf.

MERCHANT AND GUARANTOR(S) certify that all information supplied herein is accurate and acknowledge that any variance to this information could result in delayed and/or withheld settlement of funds. Important Notice: All information contained in this application was supplied by MERCHANT and Guarantor(s). Talus Payments and/or Synovus Bank shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Talus Payments and/or Synovus Bank. MERCHANT and each Guarantor hereby acknowledge receiving and reading, and hereby agree to be bound by, the Merchant Application & Agreement and the Merchant Processing Terms and Conditions, and they acknowledge no verbal agreements or representations have been made and they have relied solely on the Merchant Application & Agreement and the Merchant Processing Terms & Conditions. Merchant and Guarantor(s) certify 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.

PERSONAL GUARANTY: FOR VALUE RECEIVED Merchant and each individual signing below as an owner or officer of Merchant jointly and severally, unconditionally guarantee to Synovus Bank, Talus Payments, and their successors and assigns the full and prompt payment when due and performance of all the obligations of every kind of MERCHANT arising directly or indirectly out of the Merchant Application & Agreement, Merchant Processing Terms & Conditions and all addendums, amendments and ancillary documents thereto. Each of the undersigned hereby consents and agrees that Talus Payments and/or Synovus Bank may at any time, and from time to time, without notice to or further consent from any Guarantor, either with or without consideration, surrender any property or other security of any kind or nature whatsoever held by it or by any person, firm or corporation on its behalf or for its account, securing the liability of MERCHANT hereby guaranteed; substitute for any collateral so held by it, other collateral of like kind, or of any kind; grant releases, compromises and indulgences with respect to the liability of MERCHANT hereby guaranteed and to any persons or entities now or hereafter liable therefor or hereunder; release any Guarantor of MERCHANT; or take or fail to take any action of any type whatsoever, and no such action which Talus Payments and/or Synovus Bank shall take or fail to take in connection with any obligations or undertakings of MERCHANT, nor any course of dealing with MERCHANT or any other person, shall release any Guarantor's obligations hereunder, affect this Guaranty in any way or afford any Guarantor any recourse against Talus Payments and/or Synovus Bank. The undersigned acknowledge this Guaranty is a continuing guaranty and shall not be affected by the release or discharge of MERCHANT, and Guarantor waives any right to require anyone to proceed against MERCHANT prior to enforcing the Guaranty and further agrees to pay to all expenses (including attorney's fees and court cost) paid or incurred in collecting such obligations, and in enforcing this Guaranty. The undersigned Guarantor hereby waives notice of default by MERCHANT hereunder. The undersigned has read all documents and acknowledges that Talus Payments and Synovus Bank would not provide services without the guaranty of the undersigned individuals. For Guarantor and any other person that provides Talus Payments with his/her social security number pursuant to this application, Talus Payments agrees to maintain the confidentiality and security of such social security number(s) pursuant to Talus Payment's privacy policy. Talus Payments agrees to provide a copy of such policy to Guarantor or other such persons upon request.

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH INDIVIDUAL OR BUSINESS WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE WILL ALSO ASK TO SEE YOUR DRIVER'S LICENSE AND/OR OTHER IDENTIFYING DOCUMENTS.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date(s) indicated below.

Signature lines for #1, #2, #3, and #4, including titles and dates.

** Synovus Bank does not provide these services and has no responsibility or liability therefor

Talus Payments is a Registered ISO/MSP of: Synovus Bank, Columbus, GA

MERCHANT NAME:

Talus Payments Application & Agreement (continued)

MAIL ORDER/TELEPHONE ORDER ADDENDUM ("MOTO") Are 50% or more of sales from MOTO?

Complete this section ONLY if you answered YES that 50% or more of your sales are generated through Mail Order / Telephone.

Description of product sold: _____

Web site address (If applicable): _____

How do you advertise products sold? _____

Do you routinely require a deposit from your customers using their credit card? YES NO. If yes, what percentage _____ %

What is your refund policy? _____

Do you routinely bill your customer's credit cards before providing the product or service to the customer? YES NO.

If yes, how long before product is shipped? _____

Do you house inventory, or is it shipped from your vendor(s)? YES NO

If yes, please provide; Name of Fulfillment House: _____ City: _____ State: _____ Contact: _____
Phone: _____

List carrier service that will deliver product: _____

Will you authorize carrier to deliver shipment without obtaining a signature? _____ Does your business sell/provide goods, services, or subscriptions that will not be rendered at time of sale, but rather at a later date?

If so, please explain: _____ Have you

implemented any processes to limit your exposure against Cardholder Disputes / Fraudulent credit card transactions?

If so, please explain: _____

Do you routinely accept foreign credit cards or ship product to foreign countries? _____ %

The following must be submitted along with this signed and dated addendum:

- Sample(s) of product brochures, promotional materials, catalogs, shipping & refund policy. Where applicable, provide any media CD, audio, tape and web screen prints

Please mail to:

Talus Payments
ATTENTION: Underwriting Department
12700 Park Central Dr, 11th Floor
Dallas, TX 75251

MERCHANT agrees to use a verifiable delivery system as means of shipment of product to customer and retain proof of delivery.

EQUIPMENT SET UP/ORDER FORM

Note: Synovus Bank does not provide the equipment and has no responsibility or liability therefor.

SERVICES

- Credit
- EBT
- Talus Pay Gift Card
- PIN-Based Debit
- Talus Pay Check
- Receipt Capture

TERMINALS

- Talus Pay Terminal
- Talus Pay Wireless
- Ext Pin Pad
- Wireless Printer
- Mobile Wallet Reader
- Terminal Reprogram

Make: _____

Merchants processing up to 1 million annual Visa transactions and using third parties for POS application, terminal installation and integration must engage Payment Card Industry (PCI) Qualified Integrator Reseller (QIR) professionals to install, integrate, and support point -of-sale applications and terminal installation and integration.

of terminals at this location: _____ Model #: _____

RETURN/REFUNDSTATEMENT

TERMINAL APPLICATIONS

- Retail
- Internet
- Retail With Tip
- MOTO
- Restaurant
- Lodging
- No Refunds
- Refunds with store receipt only
- No refunds after 30 days

SPECIAL FEATURES

- Multi Merchant
- Other: _____

APPLICATIONNOTES:



**Please Fax to Talus Payments
Toll Free: 1-877-233-6869**

ADDITIONAL PRODUCTS & FEES ADDENDUM

Note: The additional products and services set forth in this addendum below are provided by Talus Payments and its contractors. Synovus Bank does not provide such services and has no responsibility or liability therefor.

PIN-BASED DEBIT <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
PIN-based debit access fee: \$ _____ Debit transaction fee: \$ _____	
Pin Based Debit network fees will be billed on a pass-through BASIS.	
EBT <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
EBT \$ _____ per transaction FCS # _____ FNS # _____	
Transaction Type: <input type="checkbox"/> Both <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash Benefits	
By applying for EBT and providing the FCS/FNS number(s), MERCHANT warrants it is an approved and authorized agent of the State or Government to conduct EBT transactions. Additional paperwork may be required.	
Pin-Based Debit & EBT services are sponsored through Carrollton Bank, 1740 East Joppa Road, Suite 206, Baltimore, MD 21234, (410) 737-7492	
RECEIPT CAPTURE <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
MONTHLY RECEIPT CAPTURE FEE: \$ _____ RECEIPT CAPTURE BATCH FEE: \$ _____	
CONTACTLESS <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
MOBILE WALLET FEE: \$ _____	
TALUS PAY CHECK SERVICES <input type="checkbox"/> ACCEPT (CHOOSE ONE SERVICE BELOW) <input type="checkbox"/> DECLINE	
AVERAGE CHECK AMOUNT: \$ _____	
TRANSACTION FEE: \$ _____	MONTHLY MINIMUM: \$ _____ for every check dollar processed less than \$ _____ Monthly
ACCOUNT MAINTENANCE: \$ _____ Monthly	
<input type="checkbox"/> CHECK CONVERSION / GUARANTEE	GUARANTEED CHECKS FOR ELECTRONIC CONVERSION WITH GUARANTEE APPLIES ONLY TO CHECKS IN THE MAXIMUM AMOUNT OF \$300 OR LESS. PAYROLL CHECKS/ BUSINESS CHECKS & THIRD-PARTY CHECKS WILL NOT BE CONVERTED/GUARANTEED EVEN IF AUTHORIZATION RECEIPT PRINTS. CHECKS IN AMOUNTS BETWEEN \$300.01 AND \$1,000 MAY BE CONVERTED BUT WILL NOT BE GUARANTEED.
GUARANTEE RATE: _____ % MINIMUM CHECK FEE: _____	
<input type="checkbox"/> CHECK GUARANTEE (PAPER - BASED ONLY)	GUARANTEE (PAPER-BASED) CHECKS APPLIES ONLY TO CHECKS IN THE MAXIMUM AMOUNT OF \$300 OR LESS. ONLY PERSONAL CHECKS WRITTEN TO MERCHANT'S BUSINESS NAME ARE ACCEPTABLE.
GUARANTEE RATE: _____ % MINIMUM CHECK FEE: _____	
QUICKBOOKS PROCESSING FEES <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
Monthly Access Fee: \$ _____ Transaction Fee: \$ _____	
VIRTUAL TERMINAL PROCESSING FEES <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
Monthly Access Fee: \$ _____ Transaction Fee: \$ _____	
WIRELESS NETWORK FEES <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
Monthly Access Fee: \$ _____ (Per Terminal) Transaction Fee: \$ _____	
Activation Fee: \$ _____ (Per Terminal)	Re-Activation Fee: \$ _____ (Per Terminal)
De-Activation Fee: \$ _____ (Per Terminal)	
TALUS PAY GIFT CARD <input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	
Manager Password: 4 Digits _____ Terminal Type: _____	
Account Setup Fee: _____ The first ___ gift cards, account activation, terminal setup and programming are available at no cost to you.	
Transaction Fee:	The first 100 transactions each month are included. The transaction fee is assessed when the number of transactions processed exceeds 100 in any given month. A transaction occurs each time a gift card is swiped through the terminal, resulting in communication with the Talus Pay Gift Card host. This occurs for each gift card activation, sale, recharge, refund and terminal balance inquiry.
transactions: Included transactions: _____ /ea.	
Account Maintenance Fee: _____ /month no cost. Billing will start at the beginning of the second month. All subsequent months will be billed at the beginning of the month. Client can cancel at any time with no penalty.	
Additional Cards: _____ See Talus Pay Card Order Form. Additional cards are purchased separately	
Your Talus Pay Starter Kit will include _____ Talus Pay Starter Cards to get your business selling Talus Pay quickly. The Starter Cards are silver with silver printing and will include your DBA name, address and phone number custom printed on the front. Additional cards are available by filling out the Talus Pay Card Order Form that is included in your Starter Kit.	
X _____ #1 FROM APPLICATION-SIGNATURE Date	X _____ #2 FROM APPLICATION-SIGNATURE Date
Title: _____	Title: _____
X _____ #3 FROM APPLICATION-SIGNATURE Date	X _____ #4 Accepted by FPT Operating Company, LLC Date
Title: _____	Printed Name: _____

Addendum to Merchant Agreement Merchant Use and Disclosure of BIN Information

Bank may provide BIN information or other product-identifying data to the Merchant or its Merchant Servicer solely for purposes of identifying Visa or MasterCard Card product types at the point of sale. Bank must provide this Visa BIN information to any Merchant requesting it for the permitted purposes. Bank must provide a complete list of the BINs that apply to Debit MasterCard Cards to Merchants upon any form of reasonable request.

A U.S. Merchant or its Merchant Servicer that receives BIN information or other product-identifying data from Bank must not use such information for any reason other than identify Visa or MasterCard Card product types at the point of sale and to implement acceptance practices permitted by the Visa or MasterCard Operating Rules (including, without limitation, " 1.5.4.14 Discount Offer - U.S. Region and US Territories" in the Visa Core Rules and Visa Product and Service Rules; and Rule 5.11.1 "Discrimination" in the Additional U.S. Region and U.S. Territory Rules in the MasterCard Rules manual) based on such information, unless authorized by Visa or MasterCard, as applicable.

A U.S. Merchant or its Merchant Servicer must not disclose BIN information or other product-identifying data to any third party without prior written permission from Visa or MasterCard, as applicable.

If Merchant provides BIN or other product data information to a Merchant Servicer, Merchant must:

- Ensure that the Merchant Servicer complies with the substance of these "Merchant Use and Disclosure of BIN Information" requirements
- Include the substance of these requirements in Merchant's agreement or contract with its Merchant Servicer

As used herein, "Merchant Servicer" means any contractor, agent, hardware provider, software provider or service provider who is engaged directly or indirectly by Merchant or who otherwise acts for on behalf of Merchant in connection with Merchant's acceptance of cards or the submission of Charges or Credit Vouchers to Bank, or who otherwise assists Merchant in the performance of Merchant's obligations under the Merchant Agreement and includes without limitation any "Agent", "Merchant Servicer", "Third Party", "Merchant processor", "Data Storage Entity", "Payment Service Provider", "Internet Payment Service Provider", "Payment Facilitator" or "Internet Payment Facilitator" who acts for on behalf of Merchant within the meaning of the Operating Rules, and any other person or entity who will store transmit, process, or otherwise have access to, any Cardholder or card transaction data in connection with Merchant's performance of Merchant's obligations under the Merchant Agreement.

VISA DISCLOSURE

Member Bank (Acquirer) Information

Name: Synovus Bank
Address: 1125 First Ave., Columbus, GA 31901
Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsibilities:

1. A VISA Member is the only entity approved to extend acceptance of VISA products directly to a Merchant.
2. A VISA Member must be a principal party to the Merchant Agreement.
3. The VISA Member is responsible for educating Merchants on pertinent VISA Core Rules and Visa Product and Service Rules with which Merchant must comply.
4. The VISA Member, not the ISO, must provide, administer and control settlement funds for the Merchant.
5. The VISA Member, not the ISO, must hold, administer and control all reserve funds that are derived from settlement.

Merchant Information:

Name: _____ Phone: _____
Address: _____

Important Merchant Responsibilities:

1. Ensure compliance with cardholder data security and storage requirements.
2. Maintain fraud and chargebacks below established thresholds.
3. Review and understand the terms of the Merchant Agreement.
4. Comply with VISA Core Rules and VISA Product and Services Rules.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the VISA Member Bank (Acquirer) is the ultimate authority should the Merchant have any problems.

X _____

Merchant's Signature:

_____ **Date**

Merchant's Printed Name: _____

Merchant's Title: _____

Agent Salesperson's Name: _____

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Talus Payments Representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice: 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. Talus Payments' privacy policy can be found www.taluspay.com.**

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): _____

Merchant Legal Name: _____ Merchant Federal Tax ID (EIN): _____ Merchant State of formation/Incorporation: _____ Merchant Address: _____ Merchant Entity Type: _____

Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: ___%
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip				Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/> Yes
ID Type: * <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: ___%
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip				Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/> Yes
ID Type: * <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: ___%
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip				Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/> Yes
ID Type: * <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:	
Beneficial Owner Legal Name	Title				% of Legal Entity Ownership: ___%
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip				Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):				Control Prong? <input type="checkbox"/> Yes
ID Type: * <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:	
<input type="checkbox"/> Control Prong (and/or additional Beneficial Owner) Legal Name	Title				% of Legal Entity Ownership: ___%
Individual's Home (Street) Address (No P.O. Box)	City, State, Zip				Date of Birth
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. (SSN)/Individual Taxpayer Identification No. (ITIN):				
ID Type: * <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID± _____	State/Country of Issuance	Date Issued	Expiration Date	Number on ID:	

* For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance.
± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Talus Payments Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

Authorized Signer Signature _____ Date Signed _____ Authorized Signer Printed Name _____ Talus Payments' Rep Signature _____ Date Signed _____ Talus Payments' Rep Printed Name _____