

COMPLETE SECTIONS (1-10)

Merchant #: _____ Loc. 1 of _____

GenISO1708 (1) TELL US ABOUT YOUR BUSINESS GenISO1708(ia)

Client's Business Name: (Doing Business As) _____ Client's Corporate/Legal Name: (Use Also For Headquarter's Information) _____

Business Address: _____ Billing Address: (If Different Than Location Address) _____

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

Location Phone #: _____ Location Fax #: _____ Contact Name: _____

Business E-mail Address: _____ Contact Phone #: _____ Fax #: _____

Business Website Address: _____ Contact E-mail Address: _____

Your Customer Service E-mail Address: _____

Send Retrieval Requests / Fax Type to: Business Address Fax # *SIC/MCC: _____

*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841¹, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations.²

¹Registration for MCC 7841 is only required for non-face-to-face adult content
²Information herein, including applicable MCCs, is subject to change

(2) MC / VISA / DISCOVER® NETWORK FULL SERVICE / AMERICAN EXPRESS

Your Total Annual Cash & Credit Sales: (For All Outlets) \$ _____ Estimated MC/Visa Average Ticket/Sales Amount: \$ _____

Your Total Annual Cash & Credit Sales: (For Mult. Outlets) \$ _____ Estimated Discover Average Ticket for this Outlet: \$ _____

Total Annual MC/Visa Volume: (For All Outlets) \$ _____ Estimated American Express Average Ticket for this Outlet: \$ _____

Total Annual Discover® Network Volume: (For All Outlets) \$ _____ Annual MC/Visa Volume for this Outlet: (For Multiple Outlets Only) \$ _____

Total Annual American Express Volume: (For All Outlets) \$ _____ Estimated Discover Annual Sales Volume for this Outlet: (For Multiple Outlets Only) \$ _____

Highest Ticket Amount: \$ _____ Est. American Express Annual Sales Vol. for this Outlet: (For Mult. Outlets Only) \$ _____

(3) ENTITLEMENTS

MC/Visa/Discover Full Processing Signed Annual Check Sales Vol.: \$ _____ Average Check Ticket: \$ _____

(Discover Network systems and rules will process and govern JCB, CUP, Diners Club International, and BC Card Transactions. Select Discover Full Processing if JCB is requested.)

ECA Warranty Paper Warranty Mail Order Hold Check C.O.D. Other: _____

Voyager Fleet* Annual Voyager Volume: \$ _____ *Participation in Voyager Tax Exempt Program: Yes No (if yes, additional request form required)

WEX Full Acquiring Annual WEX Volume: \$ _____ WEX (Non-Full Svc) MC Fleet

Non-Lic. JCB (EDC) _____ (Existing Account #)

American Express American Express ESA / Pass Through **or** Existing SE # _____ IATA/ARC _____ (MCC4722)

American Express Discount Rate _____% Trans Fee \$ _____ American Express Prepaid Discount Rate _____% Trans Fee \$ _____ Monthly Flat Fee* \$ **7.95**

*Monthly Flat fee is only available to merchants with estimated American Express charge volume of less than \$4,999 in any consecutive 12-month period. Merchants that are Internet-Physical Delivery merchants, MOTO, Home-based businesses, are all required to be set up on Monthly Flat Fee (regardless of estimated Charge volume). This fee applies to ESA.

Retail, Restaurant, & Travel Agencies/Tour Operators merchants will be charged an additional 0.30% for key-entered American Express transactions, including Prepaid Cards. An Inbound fee of .40% will be applied to any charge made using a card, including Prepaid Cards, issued by an issuer located outside of the United States (the United States does not include Puerto Rico, the U.S. Virgin Islands and other U.S. territories and possessions) except MCC 7032, 8211, 8351, and 8220 card transactions. These fees (as applicable) are determined and charged directly by American Express. This fee applies to ESA.

American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____

Debit Package **8 4 0 7 2 0 5 7** EBT SNAP/FNS # (XREF): _____

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Year Started: _____ Sole Ownership Partnership Non Profit/Tax Exempt Public Corp. Private Corp. L.L.C. Gov't.

Check one: TIN Type: EIN (Fed Tax ID #) SSN

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.)

Name (as it appears on your income tax return) _____ Federal Tax ID#: (as it appears on your income tax return) _____ I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

Mag Swipe _____% + Keyed Manually _____% = **100%** Product/Services You Sell: _____

POS Card Present (MAG Swipe and/or Manual Imprint) _____% + Mail Order/Direct Marketing _____% + Phone Order _____% + Internet _____% = **100%**

Do you use any third party to store, process or transmit cardholder data? Yes No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)

If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: (206) CARDnet® Nashville Buypass Other: _____ Specify Security Code: ()

Customer-Owned Lease (circle one)	QTY	IP	Equipment Type (i.e., Terminal/VAR/Internet)	Retail • Restaurant • MOTO/Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petr	Model Code and Name	For Customer-Owned Equipment Track / Version/ Serial #
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Wireless Provider: GPRS Cingular **or** Other: _____

Check one: Gateway Solutions First Data Global Gateway (FDGG) Dial Solutions VSAT*** Frame Other: _____ First Data® Payment Software Serial # _____

VAR/Internet/Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____)

***Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

LEASE COMPANY: (04) First Data Global Leasing Lease Term: _____ Months Annual Tax Handling Fee: \$10.20
Monthly Lease Charge for This Location: \$ _____ w/o taxes, late fees, or other charges that may apply.
See Lease Agreement for details. This is a NON-CANCELABLE lease for the full term indicated.

Client Initials _____

DBA Name: _____ Merchant #: _____ Loc. **1** of _____

(6) PROVIDE YOUR OWNER INFORMATION GenISO1708(ia)

Owner/Partner/ Officer Name:	D.O.B:	Social Security #:	Home Phone:	% of Ownership:
Home Address:	City:	State:	Zip:	Country:
Owner's E-Mail Address				

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge)

Non-Taxable Fees:

Application Fee (Non-Refundable)	(247)	\$ _____
Reprogramming Fee	(31A)	\$ _____
Debit Set-up Fee	(31B)	\$ _____
Misc. Fee	(31J)	\$ _____
Other:	()	\$ _____
Total Amount		\$ _____ w/o tax

Billed Monthly Fees (If Applicable)

Monthly Service Fee	(335)	\$ _____
ACH Reject Fee	(401)	\$ _____
Minimum Processing Fee	(954)	\$ _____
Wireless Access Fee	(399)	\$ _____
FEE PER TID # OF TIDS		TOTAL
\$ _____ x _____		= \$ _____
Monthly ClientLine® Fee	(32R)	\$ _____
eIDS Monthly Fee	(29E)	\$ _____
Regulatory Product	(35I)	\$ _____
Wireless Comm	(472)	\$ _____
Monthly Statement Fee	(323)	\$ _____
TransArmor Monthly Fee	(30L)	\$ _____
TransArmor Minimum Monthly Fee	(959)	\$ _____
Other:		\$ _____

Billed Annual Fees

Compliance Service Fee (November)	(33I)	\$ _____
Annual Membership Fee*	(294)	\$ _____

*Billed on anniversary of account keyed date.

Authorization and AVS Fees

MC Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X, 03Y)	\$ _____
Visa Auth Fee (040, 041, 042, 043, 044, 04V, 04W, 04X, 04Y)	\$ _____
Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X, 07Y, 080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y)	\$ _____
American Express Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X, 06Y)	\$ _____
MC/Visa/Discover/American Express Voice AVS (039, 049, 069, 079, 03A, 04A, 06A)	\$ _____
MC/Visa/Discover/American Express Voice Auth Fee (035, 036, 037, 045, 046, 047, 075, 065, 066, 067, 076, 077)	\$ _____
AVS Fee (405, 406, 407, 408, 435, 03B, 03C, 04B, 04C, 06B, 06C, 07A, 07B, 07C)	\$ _____

Product Fees

FD Mobile Pay Monthly Fee	(32Y)	\$ _____
FD Mobile Pay Setup Fee	(62S)	\$ _____
GGe4 Trans Fee	(0FC)	\$ _____
GGe4 Monthly Fee	(40A)	\$ _____
Global Gateway E4 Setup Fee	(40B)	\$ _____
MC GEP Service Fee	(897)	_____ %
Visa GEP Service Fee	(898)	_____ %
Clover & TransArmor Services Fee	(2ST)	
Monthly per Station Qty. Total		
\$ _____ x _____		= \$ _____
Insightics Solution (p/MID)	(49i)	\$ _____

Internet

Start-Up Fees

FDGG Set-up Fee	(31X)	\$ _____
FEE PER TID x # OF TIDS = TOTAL		\$ _____
Internet Set-up Fee	(30R)	\$ _____
FEE PER TID x # OF TIDS = TOTAL		\$ _____

Billed Monthly Fees

FDGG	(31Z)	\$ _____
FEE PER TID x # OF TIDS = TOTAL		\$ _____
Internet Service Fee	(394)	\$ _____
FEE PER TID x # OF TIDS = TOTAL		\$ _____

Internet Authorization & Access Fees

MC Internet Auth Fee	(03R)	\$ _____
Visa Internet Auth Fee	(04R)	\$ _____
American Express Internet Auth Fee	(06I)	\$ _____
Discover/JCB Internet Auth Fee	(07I, 08D)	\$ _____
Internet Access Fee	(30N)	\$ _____

WEX Full Acquiring Fees

WEX Auth Fee	(0D4)	\$ _____
WEX Sales Discount	(840)	_____ %
WEX Refund Discount	(841)	_____ %
WEX Chargeback Discount	(842)	_____ %
WEX Chargeback Reversal Discount	(843)	_____ %
WEX Chargeback Fee	(29H)	\$ _____
WEX Retrieval Fee	(29I)	\$ _____

TeleCheck

TeleCheck Rates & Fees: Yes No

Inquiry Rate	_____ %
December Risk Surcharge	.10 %
Per TXN Fee	\$ _____
Monthly Minimum Fee (Per Location)	\$ _____
Statement Processing Fee	\$ 5.00
Customer Requested Operator Call (CROC)	\$ 2.50
ECA Chargeback Fee	\$ 5.00

(Only charged when entitled with TeleCheck)
(See Agreement for definitions, warranty requirements, and any additional fees.)

Byypass Fees

Datawire Micronode	<input type="checkbox"/> Yes <input type="checkbox"/> No
Datawire Micronode 960-AS	
Monthly Fee	(354) \$ _____ (each)

Authorization Fees

Voyager (0D0, 0D1, 0DV, 0DC, 0DI, 0D3, 0BW, 0BX)	\$ _____
WEX (0B0, 0B1, 0BV, 0DX, 0DY, 0DZ)	\$ _____

Other Payment Fees

Voyager Sales Discount Fee	(766) _____ %
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Other Fees

Early Termination Fee	\$ _____	Visa Access Fee	(241) \$ _____
Chargeback Fee (205, 725, 20L)	\$ _____	Visa Int'l Service Fee	(22A) _____ %
Retrieval Fee (26A, 262, 20M)	\$ _____	Visa Int'l Acquirer Fee	(22F) _____ %
**Visa/MC/Disc Chargeback & Retrieval Fee (289, 446)	\$ _____	Visa Zero Amt. + AVS Fee	(10X) \$ _____
Batch Settlement Fee (227)	\$ _____	Visa Zero Amount Fee	(10Y) \$ _____
EBT Cash (18E, 18I, 02X, 18H)	\$ _____	Visa Zero Floor Limit Fee	(04I) \$ _____
EBT Food Stamps (18I, 02Y)	\$ _____	Visa Misuse of Auth Fee	(04G) \$ _____
EBT Purchase/Return Fee (029)	\$ _____	Visa Partial Auth NP Trans Fee	(12D) \$ _____
Network Access Fee - Debit (420)	\$ _____	Visa Auth Processing Fee	(04H) \$ _____
American Express Credit Trans Fee (014)	\$ _____	Visa Auth Processing Fee (Debit)	(04J) \$ _____
American Express Sales Trans Fee (013)	\$ _____	Visa US Debit Trans Integrity Fee (per occurrence)	(238) \$ _____
MC Acquirer CNP AVS Fee (10Z)	\$ _____	*Visa Network Fee CP (NF1)	\$ _____
MC Cross Border Fee USD (605)	_____ %	*Visa Network Fee CNP (NF2)	\$ _____
US Cross Border Fee, Non USD (606)	_____ %	Visa Kilobyte Trans Fee	(447) \$ _____
MC Acquiring AVS Billing (0FB)	\$ _____	Discover Auth Network Fee	(0BC) \$ _____
MC NABU Fee (60M, 0B4)	\$ _____	Discover Int'l Processing Fee	(22G) _____ %
MC Access Fee (197)	\$ _____	Discover Int'l Service Fee	(22H) _____ %
MC Processing Integrity Fee (04F)	\$ _____	Discover Data Usage Fee	(22E) \$ _____
MC US Acct Status Inq Svc Interregional Fee (11G)	\$ _____	TransArmor Token & Encryption	(12E) \$ _____
MC US Acct Status Inq Svc Intraregional Fee (11H)	\$ _____	TransArmor Token	(12G) \$ _____
MC Kilobyte Trans Fee (448)	\$ _____	TransArmor Token Registration	(12H) \$ _____
MC License Per Item Fee (01C)	\$ _____	TransArmor Token & Encrypt - VF	(12I) \$ _____
MC License Volume Fee (818)	_____ %	TIN/TFN Blank or Invalid Fee (as applicable)	(181) \$ _____
MC CVC2 Fee (11M)	\$ _____	Statement Spendtrend Fee	(22T) \$ _____
NYCE File Fee (180)	\$ _____	Other:	\$ _____
		Other:	\$ _____

* See Interchange Qualification Matrix ("IQM") for Billing Tables.
** Consolidated Fee - do not use in addition to 205, 262, 725, or 26A

Client Initials _____

DBA Name: _____ Pricing Type: _____ Loc. 1 of _____

GenISO1708 **(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)** GenISO1708(ia)

Discount Fees (Based On Gross Sales Volume)

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

Discount Rate and Trans Fee Billing Frequency: Daily (Default) Monthly

MasterCard Acceptance

- Accept MC Credit transactions only
- Accept MC Non-PIN Debit transactions only

Visa Acceptance

- Accept Visa Credit transactions only
- Accept Visa Non-PIN Debit transactions only

Discover Acceptance

- Accept Discover Credit transactions only
- Accept Discover Non-PIN Debit transactions only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will downgrade to the highest cost interchange plus the applicable Non-Qualified Surcharge (See Section 18.1 of the Program Guide).

Tiered Pricing: (Select One)

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Visa Non-Qualified Non-PIN Debit	(864) _____ %	(154, 155) \$ _____
MC Mid-Qualified Credit	(810) _____ %	(611, 612) \$ _____	Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____	Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____
MC Qualified Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____
MC Mid-Qualified Non-PIN Debit	(870) _____ %	(140, 141) \$ _____	Discover Qualified Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
MC Non-Qualified Non-PIN Debit	(880) _____ %	(150, 151) \$ _____	Discover Mid-Qualified Non-PIN Debit	(968) _____ %	(791, 792) \$ _____
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____	Discover Non-Qualified Non-PIN Debit	(978) _____ %	(795, 796) \$ _____
Visa Mid-Qualified Credit	(814) _____ %	(615, 616) \$ _____	American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____	American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____
Visa Qualified Non-PIN Debit	(854) _____ %	(134, 135) \$ _____	American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____
Visa Mid-Qualified Non-PIN Debit	(874) _____ %	(144, 145) \$ _____			

Flat Rate

	Discount Fee	Transaction Fee		Discount Fee	Transaction Fee
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____	Discover Network Qual Credit	(170) _____ %	(015, 016) \$ _____
MC Qualified Non-PIN Debit	(850) _____ %	(130, 131) \$ _____	Discover Network Qual Non-PIN Debit	(964) _____ %	(787, 788) \$ _____
Visa Qual Credit	(804) _____ %	(005, 006) \$ _____	American Express Qual Credit	(164) _____ %	(013, 014) \$ _____
Visa Qual Non-PIN Debit	(854) _____ %	(134, 135) \$ _____			

Dues & Assessments
(273, 274, 234, 237, 286)

Billback

Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 18.1)

Applies to Non-qualified MC, Visa, Discover, American Express Credit and/or Non-PIN Debit Transactions. (30D) _____ %

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard, Visa or Discover, plus a MasterCard Assessment Fee (273) of .11%, a Visa Assessment Fee (274) of .11%, or a Discover Assessment Fee (234) of .105%, plus any other fees indicated on this Service Fee Schedule. (MC Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional 0.02% per transaction.) American Express Network Fee (286) of .15%. American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$ _____	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Credit (800) _____ %	Visa Qual Credit (804) _____ %	Discover Qual Credit (170) _____ %	American Express Qual Credit (164) _____ %
American Express Sales & Credit Transaction Fee \$ _____ (013, 014)	MC Qual Non-PIN Debit (850) _____ %	Visa Qual Non-PIN Debit (854) _____ %	Discover Qual Non-PIN Debit (964) _____ %	
<input type="checkbox"/> Gross Interchange MC (560), Visa (550) or Discover (529)		<input type="checkbox"/> Net Interchange MC (553), Visa (563) or Discover (528)		

PIN Debit (Must complete only one of the following fees if PIN Debit is selected)

Bundled PIN Debit (191, Key 0-593) \$ _____ **OR** **Unbundled PIN Debit** (018, Key 0-590, Key 0-593) \$ _____ (plus the applicable network fees) **PIN Debit Declined Transaction Fee: (42R) \$ _____**

Bundled Debit Package

Card Type	Transaction Fee	Discount	Transaction Fee Refund	Discount Refund
PIN/Non-PIN				
<input type="checkbox"/> Regulated	(28K) \$ _____	(27I) _____ %	(28L) \$ _____	(27J) _____ %
<input type="checkbox"/> Unregulated	(124) \$ _____	(120) _____ %	(125) \$ _____	(121) _____ %
<input type="checkbox"/> Combined	(124) \$ _____	(120) _____ %	(125) \$ _____	(121) _____ %
Non-PIN				
<input type="checkbox"/> Regulated	(28C) \$ _____	(27D) _____ %	(28D) \$ _____	(27E) _____ %
<input type="checkbox"/> Unregulated	(28G) \$ _____	(27G) _____ %	(28H) \$ _____	(27H) _____ %
<input type="checkbox"/> Combined	(28G) \$ _____	(27G) _____ %	(28H) \$ _____	(27H) _____ %

Client Initials _____

DBA Name: _____ Merchant #: _____ Loc. 1 of _____

See Part IV, Section A.3 of the Program Guide for early termination fees.

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. 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 Agreement 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 by 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 the Provide More Business Data Section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. This signature page also serves as the 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.

For American Express ESA only Merchants: By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize First Data Merchant Services Corporation (FDMS) and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct FDMS and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-(800)-528-5200.

I understand that upon American Express's approval of the application, as applicable, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance program.

I further acknowledge and agree that I will not use my 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. THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature _____
Print Name: _____ Date: _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(PROCESSOR): For First Data Merchant Services Corporation and Wells Fargo Bank, N.A.

X Signature _____
Print Name: _____ Date: _____
Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

X Signature _____

(9) TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account by electronic fund transfer the amount due TeleCheck and/or TRS under this Agreement and to accept all credits and debits made to its account by electronic fund transfer as a result of TeleCheck's and/or TRS' services. This authorization shall remain in effect until thirty days after revoked in writing.

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

GenISOWF1708

(10) PERSONAL GUARANTY

GenISO1708(ia)

In exchange for First Data Merchant Services Corporation, Wells Fargo Bank, N.A., and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement, and/or the TeleCheck/TRS Services Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such 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.

Signature (Please sign below):

Signature (Please sign below):

X _____, an individual **X** _____, an individual

DBA Name: _____

Merchant ID: _____

GenISO1708 **PROCESSING INFORMATION (cont'd)** GenISO1708(ia)

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	Terminal Features: (Cont'd)	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	Key Disable	Password Protect
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	Credits	<input type="checkbox"/>
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> American Express Prepaid Program Preference (Choose One):	Voids	<input type="checkbox"/>
Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<input type="checkbox"/> Partial Auth	Forces	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Balance Back	Reviews	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Other: _____	Bal/Settle	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	PINPad:	Auth Only	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ (List Current Provider)	<input type="checkbox"/> Retail With Tip	<input type="checkbox"/> DES Encryption	Reports	<input type="checkbox"/>
E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> DUKPT	Tip Adjustment	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> Access Code # _____		
	<input type="checkbox"/> Verify Amount Prompt			

Comments: _____

(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

- What % of total sales represent business to business
(vs business to consumer):
Business to Business _____% + Business to Consumer _____% = **100%** (total sales)
- What % of bankcard sales represent business to business
(vs business to consumer):
Business to Business _____% + Business to Consumer _____% = **100%** (bankcard sales)
- What is the time frame from transaction to delivery?
(% of orders delivered in):
0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = **100%**
- MC/Visa/Discover/American Express sales are deposited (check one): Date of order Date of delivery Other (specify): _____
- Who performs product / service fulfillment? Direct Vendor Other If vendor, add:
Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary):

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? Yes No