



866.701.4700
www.gravitypayments.com

FEE CHANGE AGREEMENT

General Business Information

Business DBA Name: ADAFRUIT INDUSTRIES Merchant ID #: 536385460049638

Date: _____ Sales Rep: Becky Groffman Effective Date: _____

Changes To Fees

FROM Cost Plus

Cost Plus: 0.090

Flat Rate: _____

Tiered: _____

Qualified: _____

Qual Debit: _____

Mid Qual: _____

Non Qual: _____

Transaction Fee: 0.05

Statement Fee: 0.00

Monthly Minimum: 0.00

Pin-Debit: 0.000

Pin-Debit Transaction Fee: 0.00
(Plus Debit Network Fees)

EBT Transaction Fee: 0.00

Amex: _____

Amex Price Structure: _____

Amex Discount Rate: 0.000

Amex Transaction Fee: 0.05

Batch Fee: 0.00

Other: _____

TO Cost Plus

Cost Plus: 0.070

Flat Rate: _____

Tiered: _____

Qualified: _____

Qual Debit: _____

Mid Qual: _____

Non Qual: _____

Transaction Fee: 0.0500

Statement Fee: 0.00

Monthly Minimum: 0.00

Pin-Debit: 0.000

Pin-Debit Transaction Fee: 0.0000
(Plus Debit Network Fees)

EBT Transaction Fee: 0.0000

EBT FNS #: _____

Amex: _____

Amex Price Structure: _____

Amex Discount Rate: _____

Amex Transaction Fee: 0.0500

Batch Fee: 0.00

Other: _____

X

Agreement & Acceptance

I (_____), understand that by accepting the fee reduction, my Merchant Contract for processing services with Gravity Payments is renewed for a 3 year term, which begins on the date of the acceptance of this agreement. Furthermore, I understand that canceling this account before the end of term will result in an early termination fee of \$495 per account. In accordance with the terms set out above, I authorize the above change(s).

I authorize the above changes to my merchant account:

Date: _____

Limor Fried

Authorized Signature: _____

Printed Name & Title: Limor Fried