



MERCHANT EZ APPLICATION

Additional Location ☐ Yes ☐ No
MID

Partner Name
(If Applicable)

APP ID

Name of Account (<i>DoingBusinessAs</i>)	Contact	Tax Filing Name (<i>Same as Legal Name</i>)	Are you a Foreign Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (<i>No P.O. Box</i>)		Legal Address (<i>No P.O. Box</i>)	
City, State/ Province, Zip/Postal Code		City, State/ Province, Zip/Postal Code	
DBA Phone NO. ()	Retrieval Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> EIDS <input type="checkbox"/> Mail & EIDS <input type="checkbox"/> Auto Fax & EIDS	Client Contact	Phone NO. () Fax NO. ()
Mailing Name and Address (<i>if different from above</i>) ATTN:		Website Address	
Merchant Customer Service Phone Number ()		Merchant Email Address	

MERCHANT PROFILE

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Not for Profit
☐ Private Corporation ☐ Public Corporation – *Ticker Symbol:* _____

Pricing based on: ☐ Retail ☐ Mail/Telephone ☐ eComm Basic ☐ eComm Preferred (VBV) ☐ IVR ☐ Restaurant ☐ Utilities ☐ Other (*Explain:*) _____

Percent of Business:	Card Swiped %	Mail Order/Telephone %	eCommerce %	Manual Key Entry with Imprint, Customer Present %
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One Time Event: ☐ Yes ☐ No Date _____ Seasonal Sales: ☐ Yes ☐ No High Volume Months _____ Dollar Volume \$ _____

Describe goods or services sold: _____ When are your services or products delivered? Within: ☐ 1Day ☐ 1Week ☐ 30 Days ☐ Other: _____

Is merchant currently or has merchant previously been in any Card Brand chargeback or fraud monitoring program? (*If Yes, please explain.*) _____

Current PCI DSS Compliance Status (*Please explain*) _____

TAXPAYER IDENTIFICATION NO. <input type="checkbox"/> FEIN <input type="checkbox"/> SSN <input type="checkbox"/> GST	Number of Locations	Years in Business	Years Owned Business
_____	_____	_____	_____

OWNERS (Must be a Majority or Primary) / OFFICERS

NAME (1)	Title	Percentage Ownership %	Email Address
Social Security # /Insurance #	Date of Birth	Driver's License #	Home Phone () Mobile Phone ()
Home Address <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State/Province	Zip/Postal Code Years There
Previous Employment (<i>if less than 1 year in current employment</i>)	Title	How Long?	Type of Business

NAME (2)	Title	Percentage Ownership %	Email Address
Social Security # /Insurance #	Date of Birth	Driver's License #	Home Phone () Mobile Phone ()
Home Address <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State/Province	Zip/Postal Code Years There
Previous Employment (<i>if less than 1 year in current employment</i>)	Title	How Long?	Type of Business

BANK INFORMATION (Primary Settlement Account)

Bank Name	Contact	Phone NO. ()	Fax NO. ()
Transit # (ABA Routing)	DDA # (Checking/Savings)		

SECOND BANK INFORMATION (If applicable)

Bank Name	Contact	Phone NO. ()	Fax NO. ()
Transit # (ABA Routing)	DDA # (Checking/Savings)		

PREPARED BY FIELD SALES REP	Email	FIELD SALES ID
Prepared by Inside Sales Rep (<i>if applicable</i>)		INSIDE SALES ID
Range #	Book Number	Corporate Field Chain #



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CREDIT CARD SCHEDULE OF RATES AND FEES

Do you currently accept credit cards? ☐ No ☐ Yes (If Yes, you should submit 3 most recent months' statements)

☐ AutoDebit Only ☐ SPS-EFT ☐ Other

Name of Current Processor

Reason Leaving

CREDIT CARD:

Average
Ticket Size \$

Annual
Volume \$

☐ Program Code:

☐ Promo Code:

Explain Intended Use of Payment Services:

Merchant elects to accept the following cards at the rates/fees below (choose one):

☐ Debit Cards

☐ Other Cards

☐ All Cards

☐ Gross

☐ Net

☐ Gross Gross

STANDARD RATES

Visa® / MasterCard® / Discover®*	Credit	Debit
Qualified	%	%
Mid-Qualified	%	%
Non-Qualified	%	%
Regulated		%

Interchange/Pass-Through ☐

*By accepting Discover® you are eligible to accept JCB® and Diners Club International® cards

Discover® (Retained):

AUTHORIZATION

Visa® / MasterCard® / Discover®	\$
Non-Bank Card	\$
Batch Header	\$
Billback Surcharge <input type="checkbox"/>	%

DEBIT

PIN Debit Transaction Per Item	\$
PIN Debit Interchange Fee <input type="checkbox"/>	
PIN Debit Discount Rate	%
Regulated Signature Debit Auth Fee	\$
Regulated Signature Debit Sales Transaction Fee	\$
Regulated Signature Debit Return Transaction Fee	\$

STANDARD FEES

Rush Boarding Fee	\$
Application Fee	\$
Set-Up Fee	\$
Monthly Maintenance	\$
Monthly Minimum	\$
Annual Fee (To be charged annually)	\$
Value Package	\$
Monthly PCI Program Fee	\$
Monthly PCI Non-Compliance Fee **	\$

** Only applies to non-compliant merchants

REPORTING OPTIONS BASED UPON ELECTION

Online Reporting / per account	\$
Paper Statement / per account	\$
E-Statement / per account	\$

PER OCCURRENCE

Bank Reject Fee	\$
Voice Call Authorization / ARU	\$
Touchtone Per Item	\$
Terminal Re-Programming Fee	\$
Call Tag Fee	\$
Chargebacks	\$
Retrievals	\$
Bank Card Per Item	\$

MISCELLANEOUS SERVICES

INTERNET GATEWAY

One-Time License Fee	\$
Monthly Gateway Fee	\$
Gateway Per Item Fee	\$

WIRELESS

One-Time Set-Up Fee	\$
Monthly Wireless Fee	\$
Wireless Per Item Fee	\$

OTHER

Address Verification Service Fee (AVS)	\$
EBT Transaction Per Item Fee	\$
Dispute Man Monthly Acc (per user)	\$
Monthly Disp Mgr Fee (flat fee)	\$

Rewards ☐ Yes ☐ No

EBT: ☐ Cash Benefit ☐ Food Stamps

FCS ID:

Convenience Fee***	<input type="checkbox"/> Fixed \$
	<input type="checkbox"/> Percentage %

*** Network Fees may apply to certain Merchants assessing a convenience fee.

Account Updater ☐ Visa (VAU) ☐ MasterCard (ABU)

Registration Fee	\$
Monthly Fee	\$

Rates and fees are based on proposed volume of transactions listed in Merchant's application and above, and corresponding levels of interchange applicable thereto, and are subject to adjustment by Bank or Card Associations based upon actual volume levels and qualifications for interchange. Early Termination Fee is calculated based on the greater of Two Hundred Fifty Dollars (\$250) or Bank's average monthly volume derived from processing Merchant's transactions (based on an average of the highest three (3) months of processing volume during the previous or current term of the Agreement, whichever is greater), multiplied by .003, multiplied by the number of full and partial months remaining in the term of the Agreement. Certain administrative charges may be assessed as specified in Sections 6 and 10 of this Agreement. If Merchant elects an option other than "All Cards" but later submits a transaction in another category, Bank will process the transaction pursuant to the terms of this Agreement and assess the appropriate fee. Gross billing is defined as fees charged on gross sales volume. Gross-Gross billing is defined as fees charged on gross sales volume and credit volume. Net billing is defined as fees charged on net sales volume. **Rewards Discount Rate for sales and credits: An additional 0.20% over the credit Qualified, Mid-Qualified, Non-Qualified Discount Rates.**

NETWORK AND OTHER FEES

VISA®*

Acquirer Processing Fee	Currently \$0.02 per authorization.
International Fee (IAF)	Currently 0.45% or 0.90% per settled transaction based on your merchant category code.
ISA Fee	Currently 0.40% of Visa International Sales Volume.
Cash Advance Fee (ISA)	Currently 0.40% of Visa International Sales Volume.
Misuse of Auth Fee	Currently \$0.045 per authorization.
Zero Floor Limit Fee	Currently \$0.10 per Visa transaction without proper authorization.

Assessment Fee	Currently 0.11% of sales volume.
Transaction Integrity Fee	Currently \$0.10 per transaction.
Network Fee CP (Card Present)	Varies based on # of locations.
Network Fee CNP (Card Not Present)	Varies based on CNP volume.

PULSE®

Pulse Debit Network Annual Fee.....Currently \$9.00

STAR®

STAR Debit Network Annual Fee.....Currently \$6.00

*Pricing may increase due to any increases in association and other third party fees, which will be passed through to you.

MASTERCARD®*

Network Access Usage Fee	Currently \$0.02 per transaction.
Cross-Border Fee	Currently 0.40% of MasterCard International Sales Volume.
Acquirers Program Support Fee	Currently 0.85% of MasterCard International Sales Volume.
Assessment Fee	Currently 0.11% of sales volume (an additional fee will be added for transactions >=\$1,000. Currently 0.02%).

Acct Status Inq SVC Intraregional	\$0.025 per transaction.
Acct Status Inq SVC Interregional	\$0.03 per transaction.
Processing Integrity Fee	\$0.055 per authorization (that is not cleared or reversed).

DISCOVER®*

Data Usage Fee	Currently \$0.02 per transaction.
International Processing Fee	Currently 0.40% per settled international transaction.
International Service Fee	Currently 0.55% per settled international transaction.
Assessment Fee	Currently 0.105% of sales volume.

AMERICAN EXPRESS CARD® ACCEPTANCE

Choose Only One <input type="checkbox"/> New <input type="checkbox"/> Existing	Existing American Express® Merchant Number	Expected Annual Card Sales \$	Estimated Average Ticket \$
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Choose Only One <input type="checkbox"/> Discount Rate % <input type="checkbox"/> Paper % <input type="checkbox"/> Monthly Flat Fee \$7.95 (\$0.00 - \$4,999 net annual volume only)	Franchise Name
	Franchise Cap#

Choose Only One Transaction Fee <input type="checkbox"/> Retail + \$0.10 Transaction Fee + 0.30% Card Not Present Downgrade <input type="checkbox"/> Services, Wholesale & All Other + \$0.15 Transaction Fee	Choose only one <input type="checkbox"/> Monthly Gross Pay (+0.03% if \$100,000 or more) <input type="checkbox"/> Daily Gross Pay	Home Based <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Frequency (in days) <input type="checkbox"/> 3 <input type="checkbox"/> 15 <input type="checkbox"/> 30
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By signing the Merchant Acceptance, I, for myself and on behalf of Merchant, represent that I have read and am authorized to sign and submit this application on behalf of the Merchant above, and all information I have provided on the National Merchants Association EZ Application (the "Application") is true, complete, and accurate. Merchant requests that American Express Card® acceptance be added to my Merchant Services Agreement. 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 Merchant 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 understand that upon American Express' approval of the Merchant 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 Merchant 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 Merchant agrees to be bound by the Terms and Conditions.



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AUTODEBIT / CHECK CONVERSION ACCEPTANCE

- ☐ **eSELECTplus**
☐ **POS Terminal**
☐ **TTech**

Explain Intended Use of AutoDebit Services:

Explain Intended Use of Check Conversion Services:

AutoDebit / CHECK SERVICES:

Average
Ticket Size \$

Monthly
Volume \$

Maximum
Ticket Size \$

Monthly
Transactions #

PERCENTAGE OF AUTODEBIT TRANSACTIONS

Face to Face: ☐ PPD ☐ CCD ☐ POP ☐ BOC %

Internet Order: ☐ WEB %

Mail Order: ☐ ARC %

Fax: ☐ PPD ☐ CCD %

TOTAL **100 %**

Single %

Recurring %

TOTAL **100 %**

Convenience Fee

☐ Fixed \$
☐ Percentage %

GATEWAY INTERFACE

☐ API Integration / Direct Host ☐ Virtual Terminal

☐ Batch Upload ☐ Hosted PayPage ☐ Other: _____

EQUIPMENT

☐ POS Terminal Type: _____ Qty: _____

☐ Check Reader / Imager: Type: _____ Qty: _____

STANDARD RATES AND FEES

	AutoDebit			Check Conversion					Paper Guarantee (No Conversion)
	<input type="checkbox"/> PPD	<input type="checkbox"/> CCD	<input type="checkbox"/> WEB	<input type="checkbox"/> ARC	<input type="checkbox"/> BOC	<input type="checkbox"/> POP	<input type="checkbox"/> POP w/ Guarantee	<input type="checkbox"/> POP-QSP	
Transaction Fee / Item									
Discount %									
Return Fee									
Reversal Fee									
Monthly Minimum									
Monthly Service / Statement Fee									
Batch Fee									

Additional persons with authorization to online reporting:

1. _____ 2. _____

3. _____ 4. _____

Merchant understands and agrees that it may be subject to termination fees assessed by Bank's third-party providers of check/ACH services. Termination fees charged by these providers currently range up to \$125 and are subject to change by these providers.

FOR AUTODEBIT (Complete Below)

Which written authorization procedures will Merchant be using? (MUST USE AND RETAIN ON FILE)

1. Signed written authorization from customer? ☐ Yes ☐ No

2. Will the Merchant be using the template provided by check processor? ☐ Yes ☐ No If "No" please include the written authorization form Merchant will be using

How often will Merchant submit AutoDebit transactions?

☐ Daily ☐ Weekly ☐ Other, Please Explain: _____

ALTERNATE BANK ACCOUNT FOR BILLING (If Different Than Primary Settlement Account)

Bank Name

Contact

Phone NO.

()

Fax NO.

()

Transit #
(ABA Routing)

DDA #
(Checking/Savings)



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VENDOR (FRONT END PLATFORM)

☐ Phoenix ☐ TSYS ☐ FDMS-Nashville ☐ Other

Time Zone Auto close: ☐ No ☐ Yes Time ☐ a.m. ☐ p.m.

EQUIPMENT

TERMINALS*: Type ☐ DSL/IP ☐ Dial-Up
☐ Wireless

☐ OWN Serial #
Sim Card #
☐ RENTAL Fee \$ x Quantity Total: \$
☐ PURCHASE Price \$ x Quantity Total: \$

*if additional terminal type use "Other" section

PRINTERS:

☐ OWN Type:
☐ RENTAL Fee \$ x Quantity Total: \$
☐ PURCHASE Price \$ x Quantity Total: \$

PIN PADS: Type ☐ USB ☐ Serial
☐ Encryption Fee \$ ☐ Swap Fee \$

☐ OWN Serial #
☐ RENTAL Fee \$ x Quantity Total: \$
☐ PURCHASE Price \$ x Quantity Total: \$

OTHER:

☐ OWN Serial #
☐ RENTAL Fee \$ x Quantity Total: \$
☐ PURCHASE Price \$ x Quantity Total: \$

A Restocking Service Fee (as specified in the Equipment packaging) will apply to permitted returns of Purchased Equipment within the first 30 days.

Imprinters (Cost \$26.00 each): Purchase Quantity @ \$26.00 ea. = Total: \$ **Plates:** Quantity Size: ☐ 1-1/8" x 2-5/8" (Std size) ☐ 1-1/16" x 1-3/4" (AMEX)

Terminal Application: ☐ Retail/MOTO ☐ Retail w/tips ☐ Restaurants w/tips ☐ Restaurants w/o tips ☐ Hotel/Lodging ☐ QSR

Terminal Feature: ☐ Commercial Card Level 2 ☐ Multi-merchant ☐ Main Account ☐ Main Account #:

Optional Processing Features:

For outside line, dial: () ☐ Receipt Message Header:

Training: ☐ Agent ☐ Phone (Default) ☐ Receipt Message Footer:

PC SOLUTIONS

SOFTWARE: **SOFTWARE VERSION:** ☐ Upgrade ☐ Own ☐ Purchase: Software Purchase Price \$

☐ Other PA DSS Compliant Software: ☐ Other PA DSS Compliant Software Version:

Communication Type: ☐ Dial ☐ IP **User License:** ☐ Single ☐ Multi **Serial No.**

INTERNET SOLUTIONS

☐ **eSELECTplus** **ENVIRONMENT** ☐ Consumer Present ☐ eCommerce / MOTO
GATEWAY INTERFACE ☐ API Integration / Direct Host ☐ Batch Upload
(Check one or more) ☐ Virtual Terminal ☐ Hosted Pay Page
☐ Mobile App ☐ Integrated Mobile API
PAYMENT TYPE ☐ Credit Card ☐ Check Conversion
☐ AutoDebit ☐ Pinless Debit ☐ Pin Debit

FEATURED FUNCTIONALITIES (Check one or more)

☐ Encrypted MAG Swipe ☐ MAG Swipe Credit ☐ Recurring Payment ☐ Convenience Fee ☐ Dynamic Descriptor
☐ Address Verification Service (AVS) ☐ Card Validation Value (CVV) ☐ SECURE CODE (MC) ☐ VBV (VISA)
Level 2 / 3: ☐ Visa ☐ MasterCard ☐ American Express

Account Updater ☐ VISA (VAU) ☐ MasterCard (ABU) ☐ VAULT Monthly Fee/Record Monthly Fee
Per Match Fee \$ \$ \$ \$

SYSTEM: ☐ PC ☐ MAC

GATEWAY: ☐ USA ePay ☐ USA ePay w/MCP ☐ USA ePay Swipe ☐ Authorize.net

☐ Own OR ☐ PURCHASE: Gateway Purchase Price \$ ☐ Other Gateway (name): ☐ MCP

SYSTEM INTEGRATOR (Send Gateway/PC/Terminal Set-Up Information to)

Technical Contact or System Integrator Name: Phone NO. () Email Address
If contact is different than System Integrator fax to: Company Fax NO. () Attention

MID / TID EMAIL NOTIFICATION

Email Address Email Address Email Address Email Address

SHIPPING INSTRUCTIONS

SHIP TO: ☐ DBA Address ☐ Legal Address ☐ Other Address (provide below) **VIA:** ☐ 2 day ☐ Standard Overnight (PM) ☐ Priority Overnight (AM) ☐ Overnight Saturday **Rush Shipping Fee \$**
Name Street (No P.O. Box) City State/Province Zip/Postal Code

MERCHANT SITE SURVEY REPORT (To Be Completed by Sales Representative)

Is the merchant's DBA name displayed at the facility? (Exterior signage?) ☐ Yes ☐ No (If No, Explain):

Does the address match that of the merchant's application? ☐ Yes ☐ No (If No, Explain):

Does the merchant have appropriate/sufficient equipment/inventory consistent with the type of business and projected sales volume and average ticket?

☐ Yes ☐ No (If No, Explain):

Does the merchant: ☐ Own ☐ Lease ☐ Other (Explain):

Do they have a website? ☐ Yes ☐ No Is it currently functioning? ☐ Yes ☐ No

Further comments by the inspector: What is the URL:

I hereby certify the above information and recommend this Merchant Application based on the site inspection completed on this date: / /

Premises inspection completed by: Sales Representative Signature

Print Name

Title

X



MERCHANT EZ APPLICATION

☐ Pre-Note☐ MCCAdditional Location ☐ Yes ☐ No
MID**Partner Name**
(If Applicable)**APP ID**

CARD NOT PRESENT INFORMATION (If Applicable)

For merchants who process MORE THAN 20% of their bankcard transactions, or volume, without physically swiping the credit card, we ask that you complete the following information in its entirety.

Provide a full description of the product or service you provide to the cardholder:

How will you receive cardholder data? ☐ Phone ☐ Fax ☐ Internet ☐ Mail

For Internet orders, please provide us with your **active** URL:

(If site is not active, please provide a test site with a user name and password if one is needed. Please also note that for our internet merchants, we ask that your website meet specific security and disclosure criteria.)

When do you typically charge the cardholder? ☐ BEFORE or ☐ AFTER the product/service is provided to the cardholder

What is your general breakdown of billing?

_____ % At time of purchase | _____ % Monthly | _____ % Quarterly | _____ % Annually | _____ % Other, explain: _____

What is the average amount of time (in days) that it will take for the cardholder to receive the product/service? _____ (days)

What is your target geographic area? _____ % United States | _____ % Canada | _____ % Other: _____

For your product/service, do you outsource any of the following? ☐ Customer Service ☐ Product Shipment ☐ Handling of Returns ☐ Cardholder Billing ☐ Fulfillment House

If Yes to any of the above, please list the name(s), address(es) and phone number(s) of those fulfillment organizations:

1. _____ 2. _____

For merchants who receive cardholder data from the Internet, please advise if any part of your website is outsourced to a third party? Common examples include:

☐ Shopping Cart ☐ Hosting Solutions ☐ Gateway ☐ Cardholder Data Storage ☐ Other, explain: _____

In some cases, we may require certificates from those third parties confirming their compliance in protecting cardholder data.

REFUND POLICY: ☐ No Refunds ☐ Refund Within 30 Days ☐ Damaged/Defective Merchandise Only ☐ Restocking Fee Charged ☐ Store Credit Only
☐ Return Authorization Required (RM/RMA) ☐ Other _____

Should Merchant alter or change any aspect of the business from that described herein, or if any information changes, without prior notice to and approval by Bank, then Merchant will be subject to termination. Also, Merchant agrees to obtain, abide by, and fully comply with protecting cardholder data as described at www.pcisecuritystandards.org.

PERSONAL GUARANTY

Name of Guarantor:

Merchant Name:

To induce BMO Harris Bank N.A., National Merchants Association, Inc. (collectively "Bank"), and Sage Payment Solutions EFT and all other NMA third party providers to enter into the Merchant Services Agreement and/or any agreements for SPS-EFT services (the "SPS-EFT Agreements"), the Guarantor(s) indicated below jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Bank and SPS-EFT (collectively, the "Guaranty Recipients") pursuant to the Merchant Services Agreement and the SPS-EFT Agreements (collectively, the "Agreements"), as they now exist or as amended from time to time, with or without notice. This guaranty is a guaranty of payment, and not of collection, and a debt of Guarantor for his or her own account. Accordingly, none of the Guaranty Recipients shall be required before enforcing this guaranty against Guarantor: (1) to pursue any right or remedy any of the Guaranty Recipients may have against Merchant or any other Guarantor; (2) to make any claim in a liquidation or bankruptcy of Merchant or any other Guarantor of these obligations; or (3) to make demand of the Merchant or any other Guarantor of these obligations or to seek to enforce or realize upon any collateral security held by any of the Guaranty Recipients which may secure these obligations. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Agreements. I/We waive any notice of acceptance of this guaranty, notice of non-payment or non-performance of any provision of the Agreements by Merchant, and all other notices or demands regarding the Agreements. I/We agree to promptly provide to the Guaranty Recipients any information requested from time to time concerning my/our financial condition, business history, business relationships and employment information. This guaranty will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of the Guaranty Recipients. Guarantor(s) understand that the inducement to the Guaranty Recipients to enter into the Agreements is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

Signature of Guarantor, as an individual

X Sign Here

Printed Name and Home Address of Guarantor

MERCHANT AUTHORIZATION AND ACCEPTANCE

The owner, officer, partner, or member signing this Merchant Application (the "Signing Party") represents that the Signing Party is authorized to sign the Merchant Application (the "Application") and enter into the Merchant Services Agreement (the "Agreement"). The Signing Party also represents and warrants that the Application and all information and documentation submitted in connection with the Agreement is true, complete and correct. All requested information must be provided for the Application to be processed. If the information provided on the Application or elsewhere cannot be verified, then the Application may be denied. Merchant and its owner have authorized, and shall continue to authorize Bank, NMA, their third party providers and their representatives and affiliates to obtain and verify any financial and credit information regarding Merchant and its owner, and to share such information amongst Bank, NMA, their third party providers and their affiliates and their representatives.

Notice: 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 person who opens an Agreement. This means that when you enter into an Agreement we will ask for name, address, date of birth and other information that will allow us to identify you or the entity on whose behalf you are signing.

MERCHANT HAS READ AND UNDERSTANDS ALL OF THE TERMS OF THE AGREEMENT SET FORTH ON THE NMA AGREEMENT WEBSITE (<https://www.nationalmerchants.org/terms-and-conditions>) AND ACCEPTS AND AGREES WITH ALL SUCH TERMS. IF BANK AND/OR NMA AGREE TO PROVIDE SERVICES TO MERCHANT, SUBMISSION OF ANY TRANSACTIONS OR ITEMS TO BANK, NMA OR ITS THIRD PARTY PROVIDERS CONSTITUTES CONSENT TO THE AGREEMENT TERMS AND CONDITIONS AND THE TERMS AND CONDITIONS RELATED TO ANY OTHER SERVICES MERCHANT HAS ELECTED TO RECEIVE.

SIGNATURE FOR MERCHANT:

By: **X** Sign Here

Telephone: ()

Fax: ()

(Authorized Signature)

NAME (Please Print)

Title

Date

FOR OFFICE USE ONLY (Merchant - Do Not Sign Below)

BMO Harris Bank N.A.®

National Merchants Association, Inc.

By: Authorized Representative

By: Authorized Representative

BMO Harris Bank N.A.® National Merchants Association is a registered agent of BMO Harris Bank N.A.

4 of 4

NMA FRI-OC G-AP P-082014