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To: Staging Test From: miadooley@gmail.com
Date: 10/28/2013 12:56PM PDT Re: 788 signature page 3

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NEW MERCHANT APPLICATION

1	MERCHANT INFORMATION				
LEGAL/CORPORATE NAME: 788 SIGNATURE PAGE 3					
DBA NAME (IF DIFFERENT THAN ABOVE): 788 SIGNATURE PAGE 3				DBA PHONE #: 345-624-5635	
CONTACT NAME: KELI BELL				DBA FAX #: 452-345-2345	
DBA ADDRESS 1 (NO PO Box): 123 BUSINESS INFO				CUSTOMER SERVICE PHONE #: 234-523-4523	
DBA ADDRESS 2: SUITE 12				PREVIOUS PROCESSOR:	
CITY: KNOXVILLE		STATE: TN		ZIP CODE: 37919	
EMAIL ADDRESS: APP@APPFACTORY.COM				LENGTH OF CURRENT OWNERSHIP: 1 YEARS, 6 MONTHS	
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)				
<input checked="" type="checkbox"/> MAILING <input checked="" type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS					
DBA NAME: 788 SIGNATURE PAGE 2				PHONE #: 345-624-5635	
CONTACT: KELI BELL				FAX #: 452-345-2345	
ADDRESS: 123 MAILING and SHIPPING			CITY: KNOXVILLE		STATE: TN
					ZIP CODE: 37919
3	PRINCIPAL 1 INFORMATION (OWNER/PARTNER/OFFICER)				
<input checked="" type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP 10 % OR <input type="checkbox"/> OFFICER: TITLE OWNER					
FIRST NAME: KELI		MI: B		LAST NAME: BELL	
HOME ADDRESS: 123 OWNER ADDRESS				DOB: 03/10/1977	
CITY: KNOXVILLE		STATE: TN		ZIP CODE: 37919	
				HOME PHONE #: 452-345-2345	
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS					
HOME ADDRESS:		CITY:		STATE:	ZIP CODE:
4	PRINCIPAL 2 INFORMATION				
<input type="checkbox"/> OWNER/PARTNER: PERCENTAGE OF OWNERSHIP _____ % OR <input type="checkbox"/> OFFICER: TITLE _____					
FIRST NAME:		MI:		LAST NAME:	
HOME ADDRESS:				DOB:	
CITY:		STATE:		ZIP CODE:	
				HOME PHONE #:	
OTHER MERCHANT INFORMATION					
AVERAGE SALE AMOUNT: \$ 50.00			DESCRIPTION OF PRODUCT OR SERVICES OFFERED: GIFT		
TOTAL MONTHLY Visa/MC/DISC/UNIONPAY SALES: \$ 50000.00			MCC: 8999		
CARD PRESENT (SWIPED)	100 %	WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? <input checked="" type="checkbox"/> SAME DAY <input type="checkbox"/> IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)			
CARD PRESENT (NOT SWIPED)	_____ %				
MAIL ORDER	_____ %	IS ANY PRODUCT DELIVERY OVER 1 YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TELEPHONE ORDER	_____ %	FOR INTERNET TRANSACTIONS. LIST THE PRODUCT WEB SITE: _____			
INTERNET	_____ %				
TOTAL	= 100%	"CONTACT US" EMAIL ADDRESS: _____			
DO YOU OPERATE SEASONALLY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE CHECK MONTHS CLOSED (MERCHANT MUST NOTIFY TO CLOSE AND REOPEN)					
<input type="checkbox"/> JANUARY		<input type="checkbox"/> FEBRUARY		<input type="checkbox"/> MARCH	
<input type="checkbox"/> APRIL		<input type="checkbox"/> MAY		<input type="checkbox"/> JUNE	
<input type="checkbox"/> JULY		<input type="checkbox"/> AUGUST		<input type="checkbox"/> SEPTEMBER	
<input type="checkbox"/> OCTOBER		<input type="checkbox"/> NOVEMBER		<input type="checkbox"/> DECEMBER	
VALUE ADDED SERVICES					
<input type="checkbox"/> VALUE ADDED SERVICES (COMPLETE NEW MERCHANT APPLICATION – VALUE ADDED SERVICE SECTION)					

FOR SALES USE ONLY					
<input checked="" type="checkbox"/> NEW LOCATION		<input type="checkbox"/> ADDITIONAL LOCATION		EXISTING MID:	
AWB:		REP NAME: A Pherwani		CHAIN #: 5119031	
FI:		AGENT:		MSP SHORT NAME: MSONXGEN	
		BANK:		CLIENT GROUP #: 0017	
				ENTITY: 40661	
 STATEMENTS	<input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		RETRIEVALS <input checked="" type="checkbox"/> MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> FAX TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	CHARGEBACKS <input checked="" type="checkbox"/> MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> FAX TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
AUTO SEND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN MERCHANTS ONLY – MUST INCLUDE CHAIN SET UP FORM)					

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)					PRICING CATEGORY				
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, DI)    					<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> LODGING <input type="checkbox"/> MO/TO / INTERNET				
<input checked="" type="checkbox"/> VISA CREDIT <input checked="" type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input checked="" type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER (JCB, DI) <input checked="" type="checkbox"/> UNIONPAY					<input type="checkbox"/> RESTAURANT <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> ARU				
PRICING INFORMATION					FEES				
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.									
<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS QUALIFIED MID QUALIFIED NON QUALIFIED OTHER TIER		VISA RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____ ____ % + \$ ____		MASTERCARD RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____ ____ % + \$ ____		DISCOVER RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____ ____ % + \$ ____		UNIONPAY RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____ ____ % + \$ ____	
		<input type="checkbox"/> CHECK CARD (T-opt / EIC-req)		<input type="checkbox"/> SPRMKT (T-opt/EIC-NA)		<input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)			
REWARDS TIER (T-opt / EIC-req)		____ % + \$ ____		____ % + \$ ____		____ % + \$ ____		____ % + \$ ____	
COMMERCIAL CARD TIER (T-opt / EIC-req)		____ % + \$ ____		____ % + \$ ____		____ % + \$ ____		____ % + \$ ____	
PASS THRU: <input checked="" type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF MARKUP		VISA RATE (%) + PER ITEM (\$) ____ % + \$ ____		MASTERCARD RATE (%) + PER ITEM (\$) ____ % + \$ ____		DISCOVER RATE (%) + PER ITEM (\$) ____ % + \$ ____		UNIONPAY RATE (%) + PER ITEM (\$) ____ % + \$ ____	
		.1 % + \$ 0.10		.1 % + \$ 0.10		.1 % + \$ 0.10		.1 % + \$ 0.10	
<input type="checkbox"/> DIFFERENTIAL QUALIFIED NON QUALIFIED		VISA RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____		MASTERCARD RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____		DISCOVER RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____		UNIONPAY RATE (%) + PER ITEM (\$) ____ % + \$ ____ ____ % + \$ ____	
AUTHORIZATIONS					PRICING PROGRAMS				
VISA		\$ 0.20		UNIONPAY		\$ 0.30		VOICE AUTH TOUCH TONE	
MASTERCARD		\$ 0.30		WEX		\$ 0.30		VOICE- OPERATOR ASSISTED	
DISCOVER		\$ 0.30		DIAL COMMUNICATION		\$ ____		VOICE – WITH AVS	
AMEX		\$ 0.30		OTHER		\$ ____		VOICE – BANK REFERRAL	
AMERICAN EXPRESS					PIN DEBIT				
<input checked="" type="checkbox"/> ONEPOINT CAP # _____ MONTHLY VOLUME: \$ 500.00 AMEX RATE*: 3.5 % \$ 0.40 CARD NOT PRESENT DOWNGRADE: 0.30 % <small>(APPLIES TO CERTAIN INDUSTRY TYPES)</small> <small>*Rates listed above are based on the current understanding of your Industry Type and Card Acceptance Method and are subject to change upon review by our Underwriting Department (your first statement will confirm your American Express rate based on this review) - Assessments are billed as pass through at our cost. American Express transactions that do not qualify at the rate listed above, such as Prepaid Cards, will be billed at a separate rate based on Industry type and Card Acceptance Method. Future American Express rates are subject to change upon 30 days notice.</small>					MONETARY PRICING: MARK UP: .1 % + \$ 0.10 PER ITEM PASS THRU: IC DIFF (DEFAULT) <input type="checkbox"/> PASS THRU: IC PLUS AUTHORIZATION PRICING: MARK UP: \$ 0.10 PER AUTH (Assoc)				
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)									
DEPOSIT BANK NAME: SUNTRUST				ABA/ROUTING #: 064000046		DDA ACCOUNT #: 2345234524		TAPE ID: 3	
BILLING BANK NAME (IF DIFFERENT):				ABA/ROUTING #:		DDA ACCOUNT #:		TAPE ID:	
POINT OF SALE (EQUIPMENT OR SOFTWARE)									
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER							# OF TIDS (VAR):		
VAR SERVICE PROVIDER (HOSTED):			VAR VENDOR (DISTRIBUTED):			GATEWAY (OPTIONAL):			
			VAR PRODUCT:			AGGREGATOR:			
			VAR VERSION:						
QTY	POS DESCRIPTION	EQUIP. CODE	TRAINING METHOD	PRICE PER UNIT	MONTHLY FEE	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	HYPERCOM T4205 DIAL	4205D	NO	\$	\$	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)									
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR ELAVON BILLS ONE TIME FEES									
OTHER CARD TYPES EXISTING									
SE #		AUTH FEE		SE #		AUTH FEE			
AMEX		(10 DIGITS) \$		OTHER: _____		\$			
		(7 DIGITS) \$		<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)		<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)			
RT TOOLS									
<input type="checkbox"/> MCP ONLY OR <input type="checkbox"/> MCP WITH OCM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) <input type="checkbox"/> MID <input type="checkbox"/> CHN <input type="checkbox"/> ENT									
<input type="checkbox"/> ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____									

SUBSTITUTE FORM W-9

☒ SOLE PROPRIETOR ☐ PUBLIC CORP ☐ CLOSELY HELD CORP ☐ SUB S CORP ☐ GOVERNMENT ☐ GENERAL PARTNERSHIP
☐ LIMITED PARTNERSHIP ☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ OTHER (ASSN/ESTATE/TRUST)
☐ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP). (IF LLC, PLEASE INDICATE D, C OR P)

NAME*: 788 SIGNATURE PAGE 3

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS: 123 TIN ADDRESS

TIN (EMPLOYER ID #): 24-3524523

CITY: KNOXVILLE

STATE: TN

ZIP: 37919

OR

TIN (SOCIAL SECURITY #):

5**MERCHANT REPRESENTATIONS AND CERTIFICATIONS**

Merchant Representations and Certifications. By signing below, the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920

(collectively, "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf, respectively. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. 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 account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$30 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:

1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen, or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7).

American Express Acceptance Agreement - 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 Elavon and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates, as defined in the AXP agreement, to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Elavon and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, 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 AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Elavon to perform services for AXP or to AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Elavon servicing program that the entity may be enrolled in American Express's standard Card acceptance program, and the entity may terminate the Agreement. 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 Agreement.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE: X

PRINTED NAME: JANE DOE

TITLE: OWNER

DATE: 10/10/2013

SIGNATURE: X

PRINTED NAME:

TITLE:

DATE:

6**PERSONAL GUARANTY**

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s), by signing the Merchant Application, 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 us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee 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 of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application 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. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X

PRINTED NAME:

SSN#:

DATE:

SIGNATURE: X

PRINTED NAME:

SSN#:

DATE:

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X A Pherwani

PRINTED NAME: A Pherwani

REP ID #: 5119031

DATE: 10/10/2013

REP PHONE #: 514-739-6444

REP EMAIL: webmaster+@fidano.com

FOR INTERNAL USE ONLY

ACCEPTED BY ELAVON, INC.:

DATE:

ELAVON USA-MSP-ELV-0413



NEW MERCHANT APPLICATION - VALUE ADDED SERVICES

(This page of the New Merchant Application is only required when enrolling for the Value Added Services listed below.)

MERCHANT INFORMATION

DBA NAME: 788 SIGNATURE PAGE 3

CONTACT NAME: KELI BELL

DBA PHONE #: 345-624-5635

DBA ADDRESS 1 (No PO Box): 123 BUSINESS INFO

DBA ADDRESS 2: SUITE 12

CITY: KNOXVILLE

STATE: TN

ZIP CODE: 37919

ECS PRODUCT SELECTION AND PRICING

PROCESSING OPTIONS: ☐ POINT OF SALE/POP (POS IMAGE) ☐ ACCOUNTS RECEIVABLE CONVERSION/ARC (POS IMAGE) ☐ BOC (☐ POS IMAGE OR ☐ CASH OFFICE IMAGE)

1. ANNUAL CHECK VOLUME: \$

2. AVERAGE CHECK AMOUNT: \$

3. MAXIMUM CHECK AMOUNT: \$

ECS MONTHLY MINIMUM: \$

☐ CONVERSION WITH GUARANTEE

GUARANTEE RATE: % PER TRANSACTION: \$

☐ CONVERSION WITH VERIFICATION

☐ COLLECTIONS

PER TRANSACTION: \$ PER RETURN TRANSACTION: \$

☐ CONVERSION ONLY

☐ COLLECTIONS

PER TRANSACTION: \$ PER RETURN TRANSACTION: \$

PLEASE CHECK BOX FOR EACH ADDITIONAL SERVICE OPTION

☐ NSF SERVICE FEE PROCESSING @ \$2.00 PER NSF ITEM.

NOT APPLICABLE FOR POP GUARANTEE AND ALL ARC PRODUCTS

☐ ENQUIRE REPORTING ACCESS:

USERS: @ \$29.95 EACH PER MONTH

☐ TURN OFF RETURN MEMO ADVICES

EGC CARDS

CARD STYLE CARD QUANTITY PRICE

☐ BASIC \$

☐ STANDARD \$

☐ CUSTOM \$

☐ SHARING CARDS EXISTING MID:

MAX CARD VALUE \$ (DEFAULT \$500)

EGC PRICING

☐ TRANSACTION PRICING: \$ PER TRANSACTION AND \$ PER MONTH.

OR

☐ MONTHLY PRICING: \$ PER MONTH

(INCLUDES TRANSACTIONS PER LOCATION ANNUALLY. ADDITIONAL TRANSACTION BILLED \$0.29 PER TRANSACTION)

EGC CARRIERS

☐ CARD CARRIERS (ENTER TOTAL CARDS)

OF STYLE

OF STYLE

\$ X

OF STYLE

(MULTIPLES OF 100 ONLY)

EGC SERVICE FEES

☐ SERVICE FEES (CARDHOLDER CHARGED ON UNUSED BALANCES)

- CUSTOM CARDS ARE REQUIRED

- FEE MERCHANT CHARGED PER TRANSACTION \$0.12

- APPLY SAME TO ALL STATES? ☒ Y ☐ N (IF NO, COMPLETE FOR EACH STATE)

FEE AMOUNT: \$

APPLIED: ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY

BEGINNING: MONTHS AFTER LAST TRANSACTION DATE (CANNOT BE LESS THAN 12 MOS)

LOCK BALANCES AFTER: MONTHS OF NON-USE (DEFAULT 72 MONTHS, CANNOT BE LESS THAN 60 MONTHS)

EGC OPTIONS

☐ MONTHLY ONLINE ADMIN - # USERS \$

☐ MISC FEE - \$

☐ GRAPHIC DESIGN SERVICE \$

☐ MISC FEE - \$

☐ CUSTOM CARD UPGRADE \$

EGC NETWORK

☐ ELAVON

☐ GIVEX

EGC STANDARD CARD ORDER DETAILS

CARD STYLE:

TEXT COLOR:

JUSTIFICATION: ☐ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED

IMPRINT: ☐ LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: EGCARTWORK@ELAVON.COM) OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)

♦FONT (SELECT ONE): ☐ Arial ☐ Brush Script ☐ Times New Roman

♦Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower case ☐ As submitted

EGC NOTES

BILL DIRECT SERVICES

CHECK SERVICE COMPANY

☐ BPP (ADD'L PPWRK REQ.)

NAME:

SERVICE #:

PRIMARY PHONE #:

SECONDARY PHONE #:

CURRENCY EXCHANGE

☐ DYNAMIC CURRENCY CONVERSION (DCC) - REBATE: % DCC ANNUAL REGISTRATION FEE: \$

OR ☐ MULTI-CURRENCY

MONEY MANAGER

☐ WORKING CAPITAL VENDOR:



SIGNATURE (Signature below is only required when enrolling for the Value Added Services listed on this page.)

BY SIGNING BELOW, MERCHANT WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.

SIGNATURE

NAME & TITLE

DATE

TERMINAL PROGRAMMING REQUIREMENTS		
TERMINAL DESCRIPTION:	# OF TERMINAL IDS:	
ADDITIONAL SERVICES REQUIRED:	<input type="checkbox"/> AMEX RVRS. PIP/SPLIT DIAL	
IP COMMUNICATION METHOD: (DIAL DEFAULT)	<input type="checkbox"/> IP <input type="checkbox"/> DIAL	
ENVIRONMENT:		
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)	<input type="checkbox"/> QUICK CLOSE <input type="checkbox"/> B TO B (PROMPT ALL) <input type="checkbox"/> INVOICE PROMPT <input type="checkbox"/> STORE AND FORWARD/BAM <input type="checkbox"/> NO SIGNATURE <input type="checkbox"/> CONTACTLESS (WITH NO SIGNATURE)	
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)	<input type="checkbox"/> TIP FUNCTION WAITER <input type="checkbox"/> TIP FUNCTION CASHIER <input type="checkbox"/> FINE DINING <input type="checkbox"/> TAB FUNCTION	
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)	<input type="checkbox"/> QUICK CLOSE <input type="checkbox"/> INVOICE PROMPT <input type="checkbox"/> B TO B (PROMPT ALL)	
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)	<input type="checkbox"/> QUICK STAY	
CUSTOM PROMPTS: <small>(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)</small>	<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ <input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ _____ (MAX) <input type="checkbox"/> NO TIP (REST) <input type="checkbox"/> NO SERVER PROMPT (REST) <input type="checkbox"/> CLERK PROMPT (RTL) <input type="checkbox"/> TIP FUNCTION WAITER (RTL) <input type="checkbox"/> TIP FUNCTION CASHIER (RTL) <input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED) <input type="checkbox"/> CUSTOM FOOTER: _____	
PHONE INFORMATION:	ACCESS #:	
TRAINING REQUIREMENTS: (NO TRAINING DEFAULT)	<input type="checkbox"/> NO TRAINING <input type="checkbox"/> TRAINING ONLY <input type="checkbox"/> DOWNLOAD ONLY <input type="checkbox"/> DOWNLOAD AND TRAINING	
CONTACT NAME:		CONTACT PHONE #:
MULTI-MID REQUEST		
<input type="checkbox"/> MULTI MID REQUEST:	NEW MERCHANT RELATIONSHIP DBA: _____ MID RANK ORDER* (1,2,3...): _____ EXISTING MERCHANT RELATIONSHIP: EXISTING MID: _____	
<small>* NOTE: IF THERE IS AN EXISTING MID, THAT MID ALWAYS DEFAULTS AS THE MASTER MID (OR MID #1)</small>		
WEBSITE REQUIREMENTS		
<input type="checkbox"/> DBA NAME APPEARS PROMINENTLY ON THE WEBSITE. THE PRODUCT OR SERVICE BEING SOLD CORRELATES TO THE DBA NAME.		
<input type="checkbox"/> CUSTOMER SERVICE TELEPHONE NUMBER OR EMAIL ADDRESS IS CLEARLY POSTED		
<input type="checkbox"/> RETURN/REFUND POLICY IS CLEARLY STATED		
<input type="checkbox"/> DELIVERY METHOD AND TIMING ARE CLEARLY STATED		
<input type="checkbox"/> MERCHANT PRIVACY STATEMENT IS INCLUDED		
<input type="checkbox"/> PRODUCTS AND SERVICES ARE LISTED		
<input type="checkbox"/> PRICES LISTED IN U.S. DOLLARS		
IMPORTANT NOTE: THE WEBSITE MUST BE A FUNCTIONING WEBSITE TO TEST/VIEW. UNDERWRITING SHOULD BE ABLE TO SEE THE REQUIREMENTS LISTED ABOVE, THE PRODUCTS, AND THEIR COST. IF ANYTHING IS MISSING OR NOT WORKING, THE ACCOUNT WILL BE PENDED. <ul style="list-style-type: none"> A CONDITIONAL APPROVAL CAN BE GRANTED IF THE ACCOUNT MUST BE SET UP FOR THE MERCHANT TO FINALIZE THEIR SECURE ORDER PAGE. WEBSITE PROVIDED CANNOT BE THE TEST/DEVELOPMENT IP ADDRESS (EXAMPLE: HTTP://10.12.55.6) 		
ON SITE INSPECTION		
HAVE YOU PHYSICALLY BEEN ON SITE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IS MERCHANT NAME AS IT APPEARS ON SIGNAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE PHYSICAL SITE INSPECTED THE SAME AS THE DBA ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS MERCHANDISE CONSISTENT WITH TYPE OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THIS A RETAIL LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS LOCATED IN:	<input checked="" type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):	
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND ACCURATE:		(SIGNATURE OF REP)
PRINTED NAME: A Pherwani	REP #: 5119031	DATE: 10/10/2013

