

Front Cover Sheet

Business (DBA): ATT Retailer Laurel MS
Contact First Name: Jeremy
Contact Last Name: Pourcy
Business Address: 2243 Hwy 15 N
City: Laurel State: MS Zip: 39440
Business Phone #: 601-813-0155
Rep Number: 40737

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- ☒ Complete Company Application – Signed application reflecting the current ownership.
- ☐ PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.

- ☐ Complete Company Application Sales Worksheet (1 page)

☐ Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

- “Certified” Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- Same Additional Requirements as Card Not Present company
- Internet Requirements
 - Company's name must be displayed on the website
 - Clear posting of the company's Customer Service Telephone Number / email address
 - Refund/Return policy
 - Delivery methods and timing
 - Privacy policy
 - Products/Service prices listed
 - Secure Checkout page
 - Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION




1	COMPANY INFORMATION				
◆ DBA NAME: ATT Retailer Laurel MS					
CONTACT NAME: Jeremy Pourcy					
◆ DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO PO BOX): 2243 Hwy 15 N					
DBA ADDRESS 2:					
◆ CITY: Laurel			◆ STATE: MS	◆ ZIP CODE: 39440	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA					
◆ BUSINESS COUNTRY OF FORMATION: USA				◆ DBA PHONE #: 601-813-0155	
▶ DOES COMPANY HAVE THE ABILITY TO ISSUE BEARER SHARES AS OWNERSHIP STAKE IN THE COMPANY? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <small>(REQUIRED IF COUNTRY OF FORMATION IS OUTSIDE OF THE U.S. AND BUSINESS STRUCTURE EQUALS C CORPORATION – CLOSELY HELD, PRIVATE COMPANY, PROF CORP, PUBLIC COMPANY, SUB S CORP, LIMITED LIABILITY COMPANY)</small>				DBA FAX #:	
YEAR ESTABLISHED: 2014				MOBILE PHONE #: 225-572-6432	
◆ LENGTH OF CURRENT OWNERSHIP: 3 YEARS, 1 MONTHS				◆ EMAIL ADDRESS: jeremy.pourcy@liveatt.com	
CIP EXEMPTION:					
BENEFICIAL OWNER EXEMPTION: NON					
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)				
<input checked="" type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS <small>(MORE THAN ONE OPTION MAY BE SELECTED)</small>					
LOCATION NAME: Live Mobile Corporate				PHONE #: 225-572-6432	
CONTACT: Jeremy Pourcy				FAX #:	
ADDRESS: 3060		CITY: Tupelo		STATE: MS	ZIP CODE: 38801
STATEMENTS/ RETRIEVALS /CHARGEBACKS					
STATEMENTS: <input type="checkbox"/> DBA OR <input checked="" type="checkbox"/> MAILING OR <input type="checkbox"/> W-9			AUTO SEND: <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)		
RETRIEVALS: MAIL To: <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING OR FAX To: <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING OR EMAIL To: jeremy.pourcy@liveatt.com OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)					
CHARGEBACKS: MAIL To: <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING AND FAX To: <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING OR EMAIL To: jeremy.pourcy@liveatt.com OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)					
3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)				
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 33 %		<input type="checkbox"/> AUTHORIZED SIGNER		<input type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS? YES		<input checked="" type="checkbox"/> RESPONSIBLE PARTY		TITLE: IF OTHER: Owner	
◆ FIRST NAME: Keyes		◆ MIDDLE NAME:		◆ LAST NAME: Kennard	
◆ ADDRESS TYPE: PRA ◆ ADDRESS (NO PO BOX): 220 Lighthouse Lane					
◆ CITY: Brandon		◆ STATE/PROVINCE: MS		◆ ZIP/POSTAL CODE: 39047	◆ COUNTRY: USA
◆ DOB: 05/16/1981		◆ US PERSON: Yes		◆ PHONE #: 601-692-7253	
<small>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</small>					
▶ HOME ADDRESS:		▶ CITY:		▶ STATE:	▶ ZIP CODE:
▶ ID TYPE: SSN		▶ ID #: 426618583		▶ IF OTHER- ID TYPE:	
▶ IF OTHER ID #:		▶ IF OTHER ID - COUNTRY OF ISSUANCE:		▶ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT: US State Driver License		▶ ISSUING COUNTRY (IF APPLICABLE): USA		▶ ISSUING STATE (IF APPLICABLE): MS	
◆ DOCUMENT #: 800445275		▶ ISSUE DATE: 10/20/2017		▶ EXPIRY DATE: 07/08/2020	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. <input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH					
OTHER COMPANY INFORMATION					
◆ AVERAGE SALE AMOUNT: \$ 150			◆ CARD PRESENT 100 %		
◆ HIGH SALE AMOUNT: \$ 1500			◆ CARD NOT PRESENT* _____ %		
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: 14			◆ INTERNET* _____ %		
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 40000			(MUST TOTAL 100%)		
◆ ANNUAL REVENUE: \$ 480000			▶ INTERNET : PRODUCT WEBSITE:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Cellular Phones and Accessories			▶ INTERNET: "CONTACT US" EMAIL:		
SPECIAL PROGRAM MCC ONLY: 4812			*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? Same day			▶ CUSTOMER SERVICE PHONE #:		
IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME)			▶ PREVIOUS PROCESSOR:		
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)					
<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

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆DEPOSIT BANK NAME: REGIONS BANK	◆ABA/ROUTING #: 065305436	◆DDA ACCOUNT #: 0218785808
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14	<input type="checkbox"/> Fast Track Funding	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)						PRICING CATEGORY																																																							
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER* <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* <input checked="" type="checkbox"/> UNIONPAY <input checked="" type="checkbox"/> AMEX						<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <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.						APPLICATION FEE																																																							
<table border="1"> <thead> <tr> <th></th> <th>VISA</th> <th>MASTERCARD</th> <th>DISCOVER*</th> <th>UNIONPAY</th> <th>AMERICAN EXPRESS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS</td> <td>RATE (%) + PER ITEM (\$)</td> <td>RATE (%) + PER ITEM (\$)</td> <td>RATE (%) + PER ITEM (\$)</td> <td>RATE (%) + PER ITEM (\$)</td> <td>RATE (%) + PER ITEM (\$)</td> </tr> <tr> <td>QUALIFIED</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> <tr> <td>MID QUALIFIED</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> <tr> <td>NON QUALIFIED</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> <tr> <td>OTHER TIER</td> <td><input type="checkbox"/> CHECK CARD (T-opt / EIC-req)</td> <td><input type="checkbox"/> SPRMKT (T-opt/EIC-NA)</td> <td><input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> <tr> <td>REWARDS TIER (T-opt / EIC-req)</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> <tr> <td>COMMERCIAL CARD TIER (T-opt / EIC-req)</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> <td>___ % + \$ ___</td> </tr> </tbody> </table>							VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	<input type="checkbox"/> TIERED OR <input type="checkbox"/> ENHANCED IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	MID QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	OTHER TIER	<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)	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	INSTALLATION/TRAINING	
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NON QUALIFIED	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___	___ % + \$ ___																																																								
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						AUTH PROGRAM: 49176																																																							
						EQUIPMENT: 59999																																																							
						MISCELLANEOUS: 59999																																																							
AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE																																																							
VISA	\$ 0.040	UNIONPAY	\$ 0.040	VOICE AUTH TOUCH TONE	\$ 0.65	<input type="checkbox"/> ASSOC COMPLIANCE <input checked="" type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD Per month, taxes and other fees may apply, see company representation and certifications)																																																							
MASTERCARD	\$ 0.040	WEX	\$ 0.040	VOICE- OPERATOR ASSISTED	\$ 0.95																																																								
DISCOVER	\$ 0.040	DIAL COMMUNICATION	\$	VOICE – WITH AVS	\$ 2.2																																																								
AMEX	\$	OTHER:	\$	VOICE – BANK REFERRAL	\$ 4																																																								
PIN DEBIT																																																													
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input checked="" type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)						AUTH : <input checked="" type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)																																																							
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ___ % + \$ ___ AUTH \$ ___						PIN DEBIT MONTHLY FEE \$ ___																																																							
INTERLINK .06% + \$ 0 AUTH \$.04		MAESTRO .06% + \$ 0 AUTH \$.04		UPDBT .06% + \$ 0 AUTH \$.04		ACCEL .06% + \$ 0 AUTH \$.04																																																							
AFFN .06% + \$ 0 AUTH \$.04		ALASKA .06% + \$ 0 AUTH \$.04		CU24 .06% + \$ 0 AUTH \$.04		NETS .06% + \$ 0 AUTH \$.04																																																							
NYCE .06% + \$ 0 AUTH \$.04		PULSE .06% + \$ 0 AUTH \$.04		SHAZAM .06% + \$ 0 AUTH \$.04		STAR .06% + \$ 0 AUTH \$.04																																																							
OTHER CARD TYPES EXISTING																																																													
AMEX SE # (10 DIGITS):		PER AUTH: \$		EBT SE # (7 DIGITS):		PER AUTH: \$																																																							
OTHER SE #:		PER AUTH: \$		OTHER SE #:		PER AUTH: \$																																																							
<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.) <input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)																																																													

POINT OF SALE (EQUIPMENT OR SOFTWARE)									
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER		# OF TIDS: 1	<input type="radio"/> A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:				COMMUNICATION METHOD (IP DEFAULT): <input type="checkbox"/> DIAL		
VAR SERVICE PROVIDER (HOSTED): IQ Metrix USA,		VAR (DISTRIBUTED): VENDOR:		PRODUCT: RetailIQ this sets uVERSION:					
QTY	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
			\$	\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input checked="" type="checkbox"/> 2 ND DAY AIR ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)									
ELAVON BILLS ONE TIME FEES									
<small>Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.</small>									
ADDITIONAL POS SERVICES:	DESCRIPTION			SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE		
				\$	\$	\$	\$		
				\$	\$	\$	\$		
TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE – THIS INFORMATION IS COVERED DURING TRAINING)									
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)	
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		TIP FUNCTION (DEFAULT)		<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"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY			
CUSTOM PROMPTS: <input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) _____ TIME ZONE _____ <input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$ _____ (MAX) <input type="checkbox"/> CUSTOM FOOTER: _____ <small>(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)</small> <input type="checkbox"/> NO TIP (REST) <input type="checkbox"/> NO SERVER PROMPT (REST) <input type="checkbox"/> CLERK PROMPT (RTL) <input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED) <input type="checkbox"/> TIP FUNCTION WAITER (RTL) <input type="checkbox"/> TIP FUNCTION CASHIER (RTL)									
TRAINING (DEFAULT = NO TRAINING): <input type="checkbox"/> TRAINING		PHONE INFORMATION: ACCESS #:		CONTACT NAME:			CONTACT PHONE #:		

REPORT 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											
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> PUBLIC CORPORATION <input type="checkbox"/> TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE <input type="checkbox"/> PRIVATE CORPORATION <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): P (If LLC, PLEASE INDICATE D, C, S OR P)											
LEGAL BUSINESS NAME*: ATT Retailer Laurel MS											
*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.											
LEGAL BUSINESS ADDRESS (NO PO BOX): 2243 Hwy 15 N			OR TIN (EMPLOYER ID #): 47-2432335								
CITY: Laurel	STATE: MS	ZIP: 39440	TIN (SOCIAL SECURITY #):								
5 COMPANY REPRESENTATIONS AND CERTIFICATIONS											
<p>Company Representations and Certifications. By signing below, the applicant company ("Company") 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 company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. <u>The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.</u></p> <p>The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide 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 Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any non-receipt of the TOS or Operating Guide, Company 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 Company Application, have the same meaning ascribed to them in the TOS and Operating Guide.</p> <p>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. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, 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 Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.</p> <p>This Company 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 Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.</p> <p>Company 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 company will not receive a Chargeback for that Transaction.</p> <p>All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (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 company 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 \$59.99 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.</p> <p>Under penalties of perjury, Company certifies that:</p> <ol style="list-style-type: none"> 1. The number shown on this Company 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.** 4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct. <p>American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.</p> <p>*By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.</p> <p>**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signing this Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SIGNATURE: X </td> <td>PRINTED NAME: Keyes Kennard</td> <td>TITLE: owner</td> <td>DATE: 05/08/2018</td> </tr> <tr> <td>SIGNATURE: X</td> <td>PRINTED NAME:</td> <td>TITLE:</td> <td>DATE:</td> </tr> </table>				SIGNATURE: X 	PRINTED NAME: Keyes Kennard	TITLE: owner	DATE: 05/08/2018	SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
SIGNATURE: X 	PRINTED NAME: Keyes Kennard	TITLE: owner	DATE: 05/08/2018								
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:								
6 PERSONAL GUARANTY											
<p>As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company 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 Company 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 Company. 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 Company 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SIGNATURE: X</td> <td>PRINTED NAME:</td> <td>DATE:</td> </tr> <tr> <td>SIGNATURE: X</td> <td>PRINTED NAME:</td> <td>DATE:</td> </tr> </table>				SIGNATURE: X	PRINTED NAME:	DATE:	SIGNATURE: X	PRINTED NAME:	DATE:		
SIGNATURE: X	PRINTED NAME:	DATE:									
SIGNATURE: X	PRINTED NAME:	DATE:									
SUBMITTED BY (SALES USE ONLY)											
To the best of my knowledge, I certify that the information provided in this Company Application was provided by the Company and is true, complete and accurate. I further certify that the signatures were provided by the Company's owner(s) or officer(s), as appropriate.											
SALES REP SIGNATURE: X	PRINTED NAME: Rachel Liste	REP ID #: 40737	DATE: 05/04/2018								
REP PHONE #: 7044537360	REP EMAIL: rachell@iqmetrix.com	ELAVON USA-MSP-ELV-0218									

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

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USA-MSP-ELV-0218

SALES WORKSHEET

DBA: ATT Retailer Laurel MS

ACCOUNT DESIGNATION					
<input checked="" type="checkbox"/> NEW LOCATION		<input type="checkbox"/> ADDITIONAL LOCATION		EXISTING MID:	
PORTFOLIO CODE:		FI:		EXISTING CHAIN #:	
CLIENT GROUP #: 17		AGENT:		BANK:	
ENTITY: 46737		REP #: 40737		MSP SHORT NAME: MS00IQXU	
AWB:					
BUSINESS VERIFICATION					
DOCUMENTARY IDENTIFICATION: DOC					
DOCUMENT VALIDATION TYPE: SLCA				ISSUING STATE/PROVINCE: MS	
ISSUING COUNTRY: USA					
DOCUMENT #: 2015170230		ISSUED DATE: 01/08/2015		EXPIRY DATE:	
LEGAL VERIFICATION					
DOCUMENTARY IDENTIFICATION:				EVIDENCE OF LEGAL STATUS: SLCA	
DOCUMENT VALIDATION TYPE:				ISSUING STATE/PROVINCE:	
ISSUING COUNTRY: USA					
DOCUMENT #:		ISSUED DATE:		EXPIRY DATE:	
ONSITE INSPECTION: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN: <input 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 checked="" type="checkbox"/> OTHER (DESCRIBE): inline <ul style="list-style-type: none"> I HAVE PHYSICALLY BEEN ON SITE MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE) THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS 					
PERSON MET WITH:					
PRINTED NAME: Rachel Liste		REP #: 40737		DATE: 05/03/2018	
SPECIAL REQUIREMENTS COMPANY QUESTIONNAIRE					
♦ IS THE COMPANY AN EMBASSY? Yes <input checked="" type="radio"/> No					
♦ IS THE COMPANY A MONEY SERVICE BUSINESS? Yes <input checked="" type="checkbox"/> No					
♦ IS THE COMPANY A NON PROFIT/NON GOVERNMENT ORGANIZATION? (NGO CAN BE ANY NON-PROFIT ORGANIZATION THAT IS INDEPENDENT FROM GOVERNMENT) Yes <input checked="" type="checkbox"/> No					
♦ DOES THE COMPANY OPERATE A PRIVATELY OWNED, NON-BANK ATM? Yes <input checked="" type="checkbox"/> No					
SPECIAL INSTRUCTIONS					
CREDIT UNDERWRITING NOTES:					
ADDRESS NOTES: Mailing Address: Live Mobile Corporate - Jeremy Pourcy 3060 Tupelo, MS 38801 Phone: 225-572-6432 Fax: Notes: Batch by Day					

Additional Ownership

Principal Information 2 (Owner/Partner/Officer)	Percentage of Ownership		33	<input checked="" type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name: Rick			Middle Name:		Last Name: Beasley		
	DOB: 09/26/1955		ID Type: SSN	ID#: 426045026	If Foreign, Country of Issuance:			
	If ID Type "Other"							
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: 175 High Forest Lane PRA					Phone #: 662-791-1000		
	City: Tupelo					State/Province: MS	Zip/Postal Code: 38801	
	Identification Document : US State Driver License			Issuing Country (if applicable): USA			Issuing State (if applicable): MS	
	Document #: 800445275			Issue Date: 09/25/2014			Expiry Date: 09/26/2022	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.						<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:							
	City:			State/Province:			Zip/Postal Code:	
	Country(s) of citizenship: USA							
	Intermediary Business Information							
	Intermediary Business Name				Intermediary Contact Name			
Intermediary Phone Number				Intermediary Email Address				
Principal Information 3 (Owner/Partner/Officer)	Percentage of Ownership		33	<input checked="" type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name: John			Middle Name:		Last Name: Willis		
	DOB: 01/14/1969		ID Type: SSN	ID#: 439252284	If Foreign, Country of Issuance:			
	If ID Type "Other"							
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: 140 Burne Run PRA					Phone #: 318-359-3100		
	City: Madison					State/Province: MS	Zip/Postal Code: 39110	
	Identification Document : US State Driver License			Issuing Country (if applicable): USA			Issuing State (if applicable): MS	
	Document #: 800661896			Issue Date: 01/13/2015			Expiry Date: 01/14/2019	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.						<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:							
	City:			State/Province:			Zip/Postal Code:	
	Country(s) of citizenship: USA							
	Intermediary Business Information							
	Intermediary Business Name				Intermediary Contact Name			
Intermediary Phone Number				Intermediary Email Address				
Principal Information 4 (Owner/Partner/Officer)	Percentage of Ownership			<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:			Middle Name:		Last Name:		
	DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:			
	If ID Type "Other"							
	Other ID Type:			Other ID#:		If Gov't Issued – ID Name:		
	Address/Type: :					Phone #:		
	City:					State/Province:	Zip/Postal Code:	
	Identification Document :			Issuing Country (if applicable):			Issuing State (if applicable):	
	Document #:			Issue Date:			Expiry Date:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.						<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:							
	City:			State/Province:			Zip/Postal Code:	

Principal Information 5 (Owner/Partner/Officer)	Country(s) of citizenship:									
	Intermediary Business Information									
	Intermediary Business Name					Intermediary Contact Name				
	Intermediary Phone Number					Intermediary Email Address				
	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:		<input type="checkbox"/> Authorized Signer		<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business		<input type="checkbox"/> Responsible Party	
	First Name:			Middle Name:			Last Name:			
	DOB:		ID Type:	ID#:		If Foreign, Country of Issuance:				
	If ID Type "Other"									
	Other ID Type:			Other ID#:			If Gov't Issued – ID Name:			
	Address/Type: :							Phone #:		
	City:					State/Province:		Zip/Postal Code:		
	Identification Document :			Issuing Country (if applicable):				Issuing State (if applicable):		
	Document #:			Issue Date:				Expiry Date:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.							<input type="checkbox"/> Secondary ID included if no address match		
	Previous Address if current address is less than 2 years: Address:									
	City:					State/Province:			Zip/Postal Code:	
	Country(s) of citizenship:									
	Intermediary Business Information									
	Intermediary Business Name					Intermediary Contact Name				
	Intermediary Phone Number					Intermediary Email Address				

