

MERCHANT PROCESSING AGREEMENT

Merchant Application and Fee Schedule

Please carefully complete the Application and read the Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. **The Terms and Conditions can be viewed at <https://empower2.fisglobal.com/npcma>. Please retain the website to review the Terms and Conditions as well a copy of the Merchant Application for your records.** WorldPay ISO, Inc. ("NPC") and Member Bank's acceptance of this Application will be made in a manner authorized in the Agreements and/or Terms and Conditions.

8500 Governors Hill Drive
Symmes Twp, OH 45249-1384
Phone: 888-208-7231
Fax: 877-822-1248

Sales Representative ID Number (9 digit or 16 digit code)

Bank # or Merchant Association #:

SECTION 1 MERCHANT BUSINESS INFORMATION				
Business Legal Name: (Must Match Business Tax Return Name)		Contact Name:		
Business Name (DBA): <input type="checkbox"/> Check here if Corporate Headquarters		Email address:	Website:	
Business Location Address:		Business Billing Address: (if different from location address)		
City, State, Zip:		City, State, Zip:		
Phone #:	Fax #:	Phone #:	Fax #:	
Federal Tax ID #:				
SECTION 2 BENEFICIAL/CONTROL OWNERSHIP INFORMATION				
To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of certain legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.				
Type of Legal Entity:	<input type="checkbox"/> Association/Estate/Trust	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Partnership	<input type="checkbox"/> SEC Registered Entity
	<input type="checkbox"/> Government (Federal/State/Local)	<input type="checkbox"/> LLC	<input type="checkbox"/> Private Corporation	
	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Non Profit/Tax-Exempt (501C)	<input type="checkbox"/> Publicly Traded Corporation	
Is Merchant a government entity or an entity at least 50% owned or controlled by a government entity? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "yes" checked above, list country name of owning or controlling government entity: _____				
Control Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:	City, State, Zip:			Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:	City, State, Zip:			Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:	City, State, Zip:			Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:	City, State, Zip:			Phone #:
Beneficial Owner/Officer/Principal Name:	Title:	DOB:	SSN #:	Ownership Percentage
Home Address:	City, State, Zip:			Phone #:
SECTION 3 IMPORTANT DISCLOSURES Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.0123				
IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) A Visa Member must be a principal (signer) to the Merchant Agreement. (3) The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. (4) The Visa Member is responsible for and must provide settlement funds to the Merchant. (5) The Visa Member is responsible for all funds held in reserve that are derived from settlement.				MEMBER BANK: Fifth Third Bank, N.A. c/o Worldpay LLC. 8500 Governors Hill Drive Symmes Township, OH 45249 (888) 208-7231
Signature (Signature may be evidenced by facsimile) X		Name (please print)		Date

Merchant's Business Name (Legal): _____

SECTION 4 BUSINESS PROFILE AND ASSUMPTIONS

<input type="checkbox"/> Ownership or Legal Entity Change	Close NPC Existing MID#:		Close Date Existing MID:		Open Date:
Annual Volume (Visa/MC/DS/AX):	% Card Present	% Card Swipe	% Imprint (Manually Keyed)	% B2B	
Average Ticket (Visa/MC/DS/AX):	% Card Not Present	% MOTO	% Internet	% of International Cards	
Highest Ticket (Visa/MC/DS/AX):	Total 100%				

Add'l. Location 1st Location MID: Never Accepted Cards Processor Change - How many processing statements are you including? _____

Type of Goods/
Service Sold:

MCC:	REFUND POLICY (Check One):	<input type="checkbox"/> No Refund	<input type="checkbox"/> Refund in 30 days or less	<input type="checkbox"/> Merchandise exchange only	<input type="checkbox"/> Other
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Seasonal Sales: Yes No Active Months: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SECTION 5 COMPLIANCE INFORMATION

Do you (MERCHANT) have a <input type="checkbox"/> 3rd party software application/gateway or <input type="checkbox"/> POS Terminal	Do you store cardholder data? Paper - <input type="checkbox"/> YES <input type="checkbox"/> NO Electronic - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever experienced an Account Data Compromise? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, have you completed remediation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Third Party Software/Gateway Vendor Name and Address:	Third Party Software/Gateway Vendor Contact Information:	
Version #	Merchant data to which this vendor has access:	Does software store cardholder information? <input type="checkbox"/> YES <input type="checkbox"/> NO

All merchants must comply with the Payment Card Industry Data Security Standard ("PCI DSS"). Merchant is required to maintain the security of card data and to comply with the requirements of the PCI DSS. Merchant must validate its compliance with the PCI DSS and provide NPC with evidence that Merchant (a) has successfully completed a Self Assessment Questionnaire and scan(s), if applicable, and (b) is compliant with the PCI DSS. NPC has created the PCI Program ("PCI Program") to assist merchants in securing card data and complying with PCI DSS. You may be enrolled in the PCI Program and the applicable fees will be assessed in accordance with the terms of the PCI Program. Information on the PCI Program is set forth in Section 15 of the Terms and Conditions and the applicable fees are set forth in Section 8 of this Application. All gateway or other vendor supplied software must be compliant with the Payment Application Data Security Standard rules ("PA DSS").

SECTION 6 MERCHANT BANK ACCOUNT INFORMATION

Deposit Time Frame: <input type="checkbox"/> Premium ACH <input type="checkbox"/> Alternate Funding*	Deposit Type: <input type="checkbox"/> Combined <input type="checkbox"/> By Batch
Any ACCOUNT NUMBER indicated must be a valid account number for handling ACH deposits and withdrawals. If more than one account is indicated, account #1 will be used for Sales.	
Routing #1	DDA Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account #1	
Routing #2	DDA Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account #2	If a second account, this account is used for: <input type="checkbox"/> Discount <input type="checkbox"/> Fees <input type="checkbox"/> Credits <input type="checkbox"/> Chargebacks

Merchant's Business Name (Legal): _____

RATES AND FEE SCHEDULE

CREDIT AND DEBIT TRANSACTION PRICING

BILLING FREQUENCY : Daily Monthly

BUSINESS TYPE Retail Restaurant Mail/Telephone Order Internet

SUB BUSINESS TYPE Retail Key Entered DialPay Capture MOTO/CardSwipe Large Ticket

Visa/Mastercard/Discover/American Express OptBlue Program

	Discount Rate	Transaction Fee	AMERICAN EXPRESS OPTBLUE PROGRAM ⁵
Flat Rate Pricing			<p>If annual volume less than \$1,000,000.00? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, then you are not eligible for the American Express OptBlue Program unless the MCC is excluded according to the current American Express OptBlue Program limitations.</p> <p>If No and your volume decreases to less than \$1,000,000, you may be converted to the American Express OptBlue Program unless you have elected to opt out.</p>
<input type="checkbox"/> Flat Rate ¹	%	\$	<p>Existing American Express Number <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> By checking this box, you elect to opt out of the American Express Program</p> <p><input type="checkbox"/> By checking this box, you elect to opt out of receiving American Express Marketing Materials</p>
Tiered Pricing			
<input type="checkbox"/> Tiered Pricing ²	Qualified	%	
	Mid-Qualified	%	
	Non-Qualified	%	
High Risk Transactions will be assessed the Non-Qualified Transaction Fee and Discount Rate plus an additional High Risk Discount Rate of up to 0.75%. See Terms and Conditions Section 6.K.			

Interchange Plus Pricing

<input type="checkbox"/> Interchange+ Pricing ³	%	\$	Transaction Risk Fee <input type="checkbox"/> YES <input type="checkbox"/> NO
			Interchange Plus Pricing includes a Transaction Risk Fee from _____% up to 0.85% in addition to your Discount Rate and applies to Transactions that carry a higher degree of risk as described in the Terms and Conditions Section 6.K.

PIN Debit Pricing

<input type="checkbox"/> Pin Debit Pricing ⁴	Monthly Hosting Fee \$	Discount Rate %	Transaction Fee \$	
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Miscellaneous Product Fees

<input type="checkbox"/> Wireless Service	Quantity	Setup Fee \$	Monthly Hosting Fee \$	Transaction Fee +\$	
<input type="checkbox"/> Internet Services	Quantity	Setup Fee \$	Monthly Hosting Fee \$	Transaction Fee +\$	Batch Fee \$

SECTION 8

OCCURRENCE FEES

Network & Processor Access Fee*		<input type="checkbox"/> 0.15%/Visa, MasterCard, American Express, Discover Transaction ⁶ <input type="checkbox"/> Pass-through ⁷ <small>(If no box checked in this section, we will assess the default rate of 0.15% Visa, MasterCard, American Express, Discover Transaction)</small>			
		<input type="checkbox"/> EMV Non-Enabled Fee* ⁸ Low Risk 0.05% of gross sales per month Moderate Risk 0.15% of gross sales per month High Risk 0.27% of gross sales per month			
Annual Fee* _____ Charged in Month of _____		<input type="checkbox"/> Signature Merchant Location Fee* /month/mid <small>If the box for Signature Merchant Location Fee is not checked, Merchant will continue to be responsible for the Mastercard Location Fee at the then current rate.</small>			
Regulatory Accounting Assistance Program (RAAP) Fee ⁹ _____ Charged Annually in the Month of March		<input type="checkbox"/> Monthly Discount Adjustment* 0.02% of gross sales amount of each transaction settled monthly			
<input type="checkbox"/> Application Fee* /month	Minimum Bill /month			Paper Statement* <input type="checkbox"/> Yes <input type="checkbox"/> No /month	
On File Fee* /month	Early Deconversion Fee ¹⁰			Non-Worldpay FFE Auth* ¹¹ \$ /authorization	
Batch Fee* /item	Chargeback Fee /each			PCI PROGRAM	
Voice Auth/DialPay* /item	<input type="checkbox"/> AVS* /item			SaferPayments Basic* ¹² <input type="checkbox"/> /month	
ACH/DBA Change Fee* /item	<input type="checkbox"/> Dial Transaction Surcharge* /Transaction			SaferPayments Managed ¹² <input type="checkbox"/> /month	
Retrieval-Documentation Fee* /each	Monthly Terminal Fee ¹³ /each				

Merchant's Business Name (Legal): _____

Return ACH(s) are subject to a \$25.00 fee for each occurrence.

1099 K Reporting is provided at No Charge.

¹ Fees designated with an asterisk () in the Occurrence Fees Section are included in the Flat Rate Discount Rate. Fees without an asterisk, miscellaneous product fees, and Initial Equipment Orders sections are not included in flat rate pricing and will be charged separately. Transaction fee will be billed per each authorization attempt.

² Network Interchange Fees are included. Qualified transaction fee will be billed per each authorization attempt. Mid-Qualified and Non-Qualified Transaction fee will be billed on Settled Transactions.

³ Network Fees and Communication Fees are assessed separately. Transaction fee will be billed per each authorization attempt.

⁴ Network Fees and Communication Fees are assessed separately.

⁵ If you have elected for the Marketing Opt-out, you may continue to receive updates while American Express updates its records. You will continue to receive important transaction or relationship messages from American Express. If you have not elected for the Marketing Opt-out, your mailing address, phone number, email address, fax number, and or cell (or mobile) phone number may be used by American Express to send commercial marketing messages, which may include information about American Express products, services, and resources.

⁶ This fee will be assessed on all Visa, MasterCard, Discover, and American Express volume and is subject to a \$10.00 monthly minimum. We may, in our sole discretion elect to waive this fee and instead assess to you the following fee as pass-through fees (which may be as an allocation): (i) the Fixed Acquirer Network Fee ("FANF"); (ii) the MasterCard Acquirer Fee; (iii) the Discover Access Fee (which may be labeled as the Discover Data Usage Fee; and (iv) American Express Access Fee.

⁷ If this box is checked, the Discover Data Usage Fee, American Express Access Fee and Network Acquirer Fee (which includes the MasterCard Acquirer Fee and FANF) will be assessed to you as pass-through.

⁸ Fee is assessed if you do not have EMV enabled equipment and/or software and is determined based on the chargeback liability risk of your MCC as determined by us. Transactions evaluated monthly and assessed when applicable. Based on the gross sales amount of each card present Transaction.

⁹ See Section 13 of the Terms and Conditions for additional information.

¹⁰ The initial term of the Merchant Agreement is 3 years and automatically renews for additional 3-year periods. If this Agreement is terminated prior to the expiration of the initial term or any renewal term, you will be subject to an Early Deconversion Fee ("EDF") in accordance with the terms of Section 7.B of the Terms and Conditions. If limited by state law, these fees may be modified in accordance with Section 7.B of the Terms and Conditions.

¹¹ Applicable to Non-Worldpay front ends.

¹² See Section 15 of the Terms and Conditions for additional information. In addition, Merchant may be charged a PCI Non-Compliance fee of \$74.95 per month per MID if not in compliance with PCI Rules and Regulations. Please refer to Section 6.G of the Terms and Conditions.

¹³ Monthly Terminal Fee of \$2.99 will be assessed per month on all next-generation terminals, as applicable.

SECTION 9 UNLIMITED PERSONAL GUARANTY AND CREDIT INFORMATION AUTHORIZATION

PERSONAL GUARANTEE: In exchange for NPC's and Member Bank's acceptance of this Merchant Agreement, each person signing immediately below this paragraph (each such person, a "Guarantor") is signing this Merchant Agreement as a Guarantor of the Merchant identified on page 1 of the Merchant Agreement. By signing below, each Guarantor (i) accepts and agrees to be bound by the Continuing Unlimited Guaranty provisions starting in Section 11 of the Terms and Conditions, and (ii) acknowledges and confirms that, prior to signing, he or she received and read those Continuing Guaranty provisions. Each Guarantor individually authorizes NPC, Member Bank, and/or either of their representatives to conduct an initial and ongoing comprehensive credit investigation of him or her by utilizing a third-party credit reporting agency and/or to obtain a criminal background check. Guarantor acknowledges receipt of the Merchant Agreement, which is incorporated herein by reference as if fully set forth herein and has reviewed the Continuing Unlimited Guaranty provisions therein.

Authorized Signature of Guarantor: (Do Not Include Title)	Guarantor Name:	Date of Signature:
Home Address:		City, State, Zip:
Date of Birth:	Social Security Number:	Phone #:

SECTION 10 PATRIOT ACT AND BACKGROUND AUTHORIZATION

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The undersigned entity(ies) and individuals hereby unconditionally authorize NPC and Member Bank or its agents to (i) investigate the information and references contained herein, and to obtain additional information about the Merchant and such individual(s) by pulling credit bureau and criminal background checks on the Merchant and its principals, including obtaining reports from consumer reporting agencies on individuals signing below as an owner or general partner of Merchant, or providing their Social Security Number on the Application (if such individual asks NPC or Member Bank whether or not a consumer report was requested, NPC and/or Member Bank will tell such individual and, if NPC and/or Member Bank received a report, NPC and/or Member Bank will give the individual the name and address of the agency that furnished it) and (ii) update such information periodically throughout the terms of service of the Merchant Agreement. By providing your SSN and signing this Application, you, in your individual capacity, unconditionally authorize NPC and Member Bank to obtain your consumer credit report.

SECTION 11 MERCHANT ACKNOWLEDGEMENTS AND SIGNATURE

Merchant agrees to and accepts the terms and conditions set forth in this Application and the Terms and Conditions which are incorporated herein by reference (**GEN.0123**) as if fully set forth herein (collectively, the "Merchant Agreement") and acknowledges receipt of all parts of the Merchant Agreement. Merchant acknowledges that no handwritten changes have been made to the printed text of the Merchant Agreement and that the parties may produce and rely on a copy or electronically stored image of the Merchant Agreement for all legal purposes. Merchant represents, warrants and certifies to NPC and Member Bank that it has reviewed all pages of this Application, that all information provided herein is true, correct and complete and that NPC and Member Bank may rely on the information contained in this Application, without further investigation, for all purposes. Merchant acknowledges and agrees that NPC and Member Bank are in no way responsible or liable for the actions, inactions, performance or lack of performance of any third party provider or independent sales representative. Merchant represents that it has chosen for itself any services, equipment or third party selected in connection with the Merchant Agreement, and it has not relied on any promises, representations, warranties, or covenants of the independent sales representative, NPC or others. Merchant acknowledges and agrees that the Merchant Agreement shall not be altered by any prior, contemporaneous or subsequent oral representations made by any party. Merchant further authorizes the release of Merchant information in accordance with the provisions of Section 10 of the Terms and Conditions. If Merchant does not want to participate in the American Express Program, the applicable Opt Out Box has been marked.

IN WITNESS WHEREOF Merchant has caused this Agreement to be executed by its duly authorized representative effective in accordance with the terms of the Terms and Conditions. The Agreement shall be binding upon Merchant upon the earlier of Merchant's execution below or Merchant's first processed electronic transaction.

MERCHANT

Signature (Signature may be evidenced by facsimile)	Name (please print)	Date
X		

Merchant's Business Name (Legal): _____

SECTION 12 EQUIPMENT SETUP			PROVIDER CODE: NPC = NPC to ship equipment SOF = Sales office to ship equipment MER = Merchant Owned		
TERMINAL	QTY	PROVIDER CODE	PRINTER	PROVIDER CODE	PIN PAD
					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE
					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE
					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE
Other:	Provider Code:	Other:	Provider Code:	Other:	Provider Code:
EQUIPMENT SOFTWARE INFORMATION	SOFTWARE NAME		PUBLISHER		VERSION
EQUIPMENT OPTIONS THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW					
<input type="checkbox"/> RETAIL / MOTO AVS <input type="checkbox"/> YES <input type="checkbox"/> NO Auto-Close++ <input type="checkbox"/> YES <input type="checkbox"/> NO Last 4-Digits <input type="checkbox"/> YES <input type="checkbox"/> NO TIME _____ CVV 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Store N Forward <input type="checkbox"/> YES <input type="checkbox"/> NO Purchase Card/Level 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Pre-dial <input type="checkbox"/> YES <input type="checkbox"/> NO Invoice # Prompt <input type="checkbox"/> YES <input type="checkbox"/> NO Cash Back <input type="checkbox"/> YES <input type="checkbox"/> NO PBX Code <input type="checkbox"/> 8 <input type="checkbox"/> 9 Debit Cash Bank Max Amount _____ Multi Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO First Merchant MID _____			<input type="checkbox"/> RESTAURANT Tips <input type="checkbox"/> YES <input type="checkbox"/> NO Servers <input type="checkbox"/> YES <input type="checkbox"/> NO Tables <input type="checkbox"/> YES <input type="checkbox"/> NO Bar Tab <input type="checkbox"/> YES <input type="checkbox"/> NO Suggested Tip <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FAST PAY (FPS) <input type="checkbox"/> Both receipts signature line <input type="checkbox"/> Both receipts NO signature line <input type="checkbox"/> NO receipts under \$25.00		
			<input type="checkbox"/> CASH ADVANCE <input type="checkbox"/> LODGING FUEL <input type="checkbox"/> YES <input type="checkbox"/> NO PASSWORD All <input type="checkbox"/> YES <input type="checkbox"/> NO Void <input type="checkbox"/> YES <input type="checkbox"/> NO Return <input type="checkbox"/> YES <input type="checkbox"/> NO Settlement <input type="checkbox"/> YES <input type="checkbox"/> NO Other _____		
Custom Header / Footer:			Wireless ID: Comments:		
EQUIPMENT SHIPPING INSTRUCTIONS Required ONLY if ordered through NPC - Default shipping options (indicated by *) will be applied for any option not selected below					
Ship To: <input type="checkbox"/> Merchant Location * <input type="checkbox"/> Sales Group <input type="checkbox"/> Other			<input type="checkbox"/> 1-3 Day <input type="checkbox"/> Over Night Priority * <input type="checkbox"/> Ground <input type="checkbox"/> Saturday		
Attn:			Payment For Equipment Will Be: <input type="checkbox"/> Lease <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> 30 Day (Bill Group)		
Address:					
City:	State:	Zip:	Phone #:	<input type="checkbox"/> Special Instructions:	
NPC TO REPROGRAM/TRAIN MERCHANT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NPC TO SHIP WELCOME KIT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WELCOME KIT SHIPPING INSTRUCTIONS			Required if welcome kit is shipping to separate address from above		
Ship To: <input type="checkbox"/> Merchant Location * <input type="checkbox"/> NPC <input type="checkbox"/> Other			Attn: _____ Phone #: _____		
Address:			City: _____		State: _____ Zip: _____
SECTION 13 SITE INSPECTION INFORMATION					
I represent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies):					
<input type="checkbox"/> I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Control Owner/Officer Information Section, and witnessed their signing of the Agreement.			Business/Inventory/Shippments: Does business appear as represented? <input type="checkbox"/> YES <input type="checkbox"/> NO Is business open and operating? <input type="checkbox"/> YES <input type="checkbox"/> NO Is inventory sufficient for business type? <input type="checkbox"/> YES <input type="checkbox"/> NO Are goods and services delivered at the time of sale? <input type="checkbox"/> YES <input type="checkbox"/> NO Goods and services charged to credit card on <input type="checkbox"/> Order <input type="checkbox"/> Shipment Are good and services delivered <input type="checkbox"/> Digitally <input type="checkbox"/> Physically <input type="checkbox"/> Both If goods are shipped, is a Fulfillment House used? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed.					
<input type="checkbox"/> I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Control Owner/Officer Information Section.					
If Fulfillment House is used, please complete the following:					
Fulfillment House Name and Address:			Fulfillment House Contact Information:		
Is Fulfillment House PCI DSS Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO			% of shipments by this vendor		
Location Type: <input type="checkbox"/> Retail Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Industrial Building <input type="checkbox"/> Trade Show					
Sales Organization:		Sales Rep Signature:			Application Date: