

MERCHANT PROCESSING APPLICATION AND AGREEMENT (MPA)

Payments,, Agent Office (Print)				_ Agent Telephor	ne		Lead No			
A First Data Company Sales Representative (Pri	nt)			no Code	Program C	Code	□ Dual	Board		
Legal Name of Business		(1) M	IERCHANT	DBA (Doing Bu		only 22	characters inc	luding spa	ces)	
Physical Address (No P.O. Boxes)				City				State	ZIP	
Mailing Address (If different from Physical A	ddress)			City			State	ZIP		
Business Telephone E	Business Fax Te	ephone		Merchant Custo	omer Service	e Telepho	one	l		
Merchant E-Mail				Age of Busines	ss Yrs.		Mos.			
List Type of Business/Products/Services So	ld and How (Be	specific))	Merchant URL						
				Authorized Bus	siness Rep					
IATA/ARC Number				a. Is your business located outside of the 50 United States, in the District of Columbia or in a U.S. territory? ☐ Yes ☐ No						
Tax Filing Name (as it appears on your income tax return) Federal Tax (as it appear			income tax return)	b. Does your business currently hold a non-profit status letter from the IRS? (if Yes, please attach IRS Determination Letter)					s □No	
NOTE: Failure to provide accurate information may result in a withhold per IRS regulations. See Part IV, Section A.3 of your Program Gu			chant funding rther information.		ness part of			such as a state or		
				ERSHIP						
100% owne	ership for a pa	rtnersh	ip or proprieto	rship, must be		for on	the applicat	ion.		
□ Sole Proprietorship □ Private Corp. □ Partnership □ Limited Liability		ic Corp. Profit Co	orp. 🗆 Associa	ment (federal/sta tions/Estates an	nd Trusts	□ Tax-E	cal or Legal Co exempt Org. (50	•	☐ Internation	
☐ Run Credit Report (Must be signer) Principal's Name			Ownership %	Date Business A			Title		Contact Phone N	
	I Security No. (F	Required)		Driver's License	No. and Sta			quired)	Expiration Date (Required)
Street Address (Physical Address - No P.O. Boxe	s)		City	Deta D		State	ZIP		Country	
☐ Run Credit Report (Must be signer) Second Principal's Name			Ownership %	Date Business A	•		Γitle		Contact Phone N	
Date of Birth (mm/dd/yyyy) (Required) Social	I Security No. (F	Required)		Driver's License	No. and Sta	ate/State	Issued ID (Red	quired)	Expiration Date (Required)
Street Address (Physical Address - No P.O. Boxe	s)		City			State	ZIP		Country	_
(3)	SETTLE <u>M</u>	ENT /	ACCOUNT	(you MUST	attach a	voide	l check)			
We will automatically debit your Settlement Account for		o us under	the Merchant Agreen	nent. The Transit Rout	ing Number and	d Account I		ch the informa	tion listed on the void	ed check.
Bank Name			Routing Number		Account Nu	mber		Telephone	•	
		(4) MARKET	ING METH	OD					
Combined Estimated Monthly Volume (MC/Visa/Discover®) \$_			e to Face il Order (MO)			_% _%	Swiped			%
Est. Monthly Volume (American Express) \$_			ephone Order (TO			_% _%	Keyed With I	mprint		%
Typical Ticket/Sales Amount \$_			ernet	_		_%	Keyed Withou	ut Imprint		%
Estimated Highest Ticket/Sales Amount \$_		Tota			100%		Total		100%	6
QTY. Equipment Category (Terminal, Software	e, etc.)	(5) E		T/SOFTWA nent Name	RE**			on Network* , CardNet, etc.)		d Lease (L)
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check □ Tip Er	ntry □ Tip a	fter Sale	□ Server Prom		□C □N	□ L
Auto Close Time* am pm AV	S CVV IF	Enabled	☐ Dup. Transactio	n Check 🗆 Tip Er	ntry 🗆 Tip a	fter Sale	□ Server Prom	pt 🗆 Invoid	C Nce No. Order No	. DL
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check 🗆 Tip Er	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid		
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid		
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid		
Auto Close Time* am pm AV	S 🗆 CVV 🗆 IF	Enabled	☐ Dup. Transactio	n Check 🛚 Tip Er	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid	□ C □ N ce No. □ Order No	
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid	□ C □ N ce No. □ Order No □ C □ N	
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check 🛚 Tip Er		fter Sale	☐ Server Prom	pt 🗆 Invoid	ce No.	
Auto Close Time* am pm AV	S CVV DIF	Enabled	☐ Dup. Transactio	n Check 🗆 Tip Er	ntry □ Tipa	fter Sale	☐ Server Prom	pt 🗆 Invoid		
Auto Close Time* am pm AV	S CVV IP	Enabled	□ Dup. Transactio	n Check 🗆 Tip Er	ntry 🗆 Tip a	fter Sale	☐ Server Prom	pt 🗆 Invoid		

QTY.	Equipment Category	(5) EQUIPMENT/S Equipm	OFTWARE** (cont'd) ent Name	Authorization Network***	Customer Owned	Lease
	(Peripheral)			(Nashville, CardNet, etc.)	(C) or New (N)	(L)
		_			□C □N	
					□C □N	
					□C □N	
		_			□C □N	
					C DN	
		_			□ C □ N	
		_			□ C □ N	□L
		_			C DN	□L
		_			C DN	□L
					□C □N	□L
*Time Zone will be merc **Features apply to term	inals only.	O	5000 0			
***Authorization Network	k: 4000 = Nasnville; 4010 =	Omaha; 206 = CARDnet; 4006 = Buypass;	ISPECTION			
1 Person/authorized	l company performing site	4.1	☐ Mall ☐ Office ☐ Home ☐ Shopp	ping Area □ Mixed □ A	lartment □ ls∉	olated
1. Person/authorized	company periorining site		☐ Business District ☐ Industrial ☐	=		
2 Visitation Date:		6. What is the	e timeframe from the transaction to del	livery of product/service?	,	
	/ees:		0-7 days % 8-14 days	% 15-30 days	% 30	0+ days
o. How many Employ	, ccs.		CESSOR			
1. Are you now proce	essing or have you ever pr	ocessed MC/Visa/Discover? Yes		ssor's statement)		
2. Name of Processo	r:					
•		•	□ No (If yes, attach explanation)			
4. Do you use any Th	ird Party Processor (TPP)	to store, process or transmit cardhold	er data?	ame and address of TPP:		
		(8) FEE SCHEDULE	(Charged by Processor)			
	All fees are subject to cl	hange as provided below. For further d		tion and Program Guide.		
	•	DISCOUNT RATES FOR MAS	TERCARD/VISA/DISCOVER*			
Acceptance of all Master Visa Credit Transact		ctions is presumed unless you indicate which Debit Transactions MC Credit	n service(s) you do not want by checking that Transactions MC Non-PIN Del	•	.9 of your Progran	
Qualified Rates:	Credit	%	Discount Rate for MasterCard, Vi	ea and Discover Credit		
Qualified Hates.			and MasterCard, Visa and Discov			%
Mid-Qualified Rates:			+ Card Organization Dues/As	accomenta		
Credit	Qualified Rate plus		_	sessificitis		
Non-PIN Debit Non-Qualified Rates:	Qualified Rate plus	% + \$	+ Interchange Rate			
Credit	Qualified Rate plus	% + \$	 Total Processing Rate 			
Non-PIN Debit	Qualified Rate plus		Your processing fees will be the Discount F current Interchange Rate at the time you pro			
Non-Qualified Surcha		%	are determined by how your transactions c for Interchange Rates and Dues/Assessme	lear Interchange. Please see ye	our Interchange So	chedule
Rewards Cards Surch	_	%	date of this Application. The Interchange Ra	ites and Dues are subject to ch	nange. Discount Ra	
*Please see your Importa	ant Information About Your Fe	es document. The Card Organization	charged on all sales and refunds. All Disco		<u> </u>	
Dues/Assessments are **(Plus Non-Qualified Inte	subject to cnange. erchange Fees, See Section 19.	1 of vour Program Guide)	AUTHORIZATION	I AND TRANSACTION FEE	:S	
Applies to Non-Qualified	MasterCard, Visa, Discover Cre	dit and/or Non-PIN Debit transactions.	Auth Fee for MC/Visa/Discover	\$		
Section 8 are not applical	ole. The Non-PIN Debit rate line	9, the Non-PIN Debit rate line items in this items in this Section 8 only apply if you have	Auth Fee for American Express	\$		
NOT selected Bundled De	ebit Pricing in Section 9 and el	ect to accept Non-PIN Debit transactions.				
		AMERICAI	I EXPRESS			
☐ Check Here	American Express Disc	ount Rate*% Addition	onal Ownership Information			
		o apply, which are available on the Interchange of transaction. Please refer to the IQM on Business				variety
or ractors including the qu			<u>, </u>		5.	
	ADMINISTRATIV	E FEES	MC	ONTHLY FEES		
Chargeback Fee for N	//C/Visa/Discover	\$ (per occurrence)	Minimum Processing Fee		\$	10.00
Chargeback Fee for A		\$ (per occurrence)	Non-Receipt of PCI Validation Fee (only charged after 3 months and each month the	nereafter if we have not received		19.95 licable)
•	•		Merchant's validation of PCI compliance – see g		(upp	<i></i>
-	Fee: Annual Monti	hly \$	Monthly Customer Service Fee		\$	
Checking Account Cl and Account Closure		\$30.00 (per occurrence)	Monthly Account Fee		Ф	
Early Cancellation Fee:* A	n amount equal to your Monthly I	Minimum Fee MC/Visa/Discover Monthly	Month End Discount Billing (Discount Rates will be charged at the end	of the monthly billing cycle)	Φ	
Customer Service Fee, and		by the number of months remaining in your	Merchant Statement Fee*		\$	
*Not applicable to TeleCha	-		*TeleCharge Merchants who receive a pape discontinue your paper statement and to re	r statement will be charged \$5 eceive your Monthly Settleme	.00 per month. To	usivelv
			online at no charge, you must register at w		Januarion Garda	
		OTHER RATES &	FEES (if applicable)			
Voice Auth Fee	\$	Access Fee	\$ Bat	ch Settlement Fee	\$	
AVS Fee (per inquery) \$	Batch Closure Fee	\$ Mas	sterCard License Volume	Fee0	<u>.019</u> %

(9) PRODUCTS AND S CLOVER™ SERVICE	ERVICES FEE	SCHEDULE (Char	rged by Proce Insightics® So	-
	oad \$ FREE		INSIGNTICS S	JEUTION
Clover Services (Per Clover Station)* \$ Clover Menu Lo	oad \$ FREE	☐ Insightics Solution	Mo	onthly Subscription \$
Menu Options: (Must select one)		To register and access your Ins	sightics sM solution to	day, go to www.getinsightics.com/register.
☐ Attached (PDF, JPEG, or MS Office document)		App from the Clover App Market	on from your Clover'' et and agree to those	day, go to www.getinsightics.com/register. [™] device, you must download the Insightics terms and conditions.
□ Available Online: Web Site (URL) (please enter URL)				
			MOBILE SER	VICES
 ☐ Will provide directly to Sales Agent ☐ No Menu; Merchant will build menu 		☐ Clover [®] Go Mor	nthly Mobile Servic	ce \$
PAYEEZY SM GATEWAY			TRANSARMOR® S	OLUTION
☐ Payeezy Gateway Payeezy Monthly Fee: \$		☐ TransArmor® Solution Mo	onthly Subscriptio	on with Clover \$
Payeezy Trans. Fee: \$		☐ TransArmor® Solution Mo	onthly Subscriptio	on \$
	PERKA™ SC		,	· ·
□ Perka Solution Monthly Fee \$			your email address and rationinstructions. To red from your Clover™ dev ions, which include the	l any other information from this MPA as needed, ceive the Perka solution, you must agree to rice, you must download the Perka App from the Perka solution monthly subscription fee.
	ALTERNATIVE	GATEWAY*		
☐ Alternative Gateway Monthly Gateway Fee: *The Monthly Gateway Fee and Gateway Transaction Fee are required for	 or Gateways billed by Ig	Gateway Transaction Fee: inite Payments.		\$
WIRELESS		DEBIT		
□ Wireless Debit Card		IN Debit/		Billia II Fi
Monthly Fee		on-PIN Debit Discount Rate		Debit Auth Fee \$
Monthly Wireless Access Fee: \$ \$	☐ PIN Debit P		S processing fee)	Cash-Back Limit* \$ *(Cash-Back Limit only applies to PIN Debit
. ,	LECTRONIC BENEFIT		processing ice)	(Such Zuok Zimik Sin) application in 2021.
☐ Food Stamps ☐ Cash Benefit			Г	□ Dial-Up □ Wireless
EBT Auth Fee: \$	Balance Inquiry Fe			EBT Transaction Fee: \$
EDI Autil Fee. \$				EBT ITAIISACTION Fee. \$
	PETROL			
Pay at the Pump: Uoyager Discount Rate 3.9		•	Sales Vol. \$	
□YES □ NO □ WEX Full Service Discount Rate		ee \$ Chargeba	ck Fee \$	
☐ WEX Non-Full Svc (Discount Rate charged by Non-Full Svc) Please see your WEX Inc. Age	greement) Auth F	ee \$	(per occurr	encej
	OTHER ENTIT	LEMENTS		
AMERICAN EXPRESS STANDARD CARD ACCEPTANCE PROGR	AM (Pass Through)*	E	XISTING DISCOVE	R NETWORK
☐ American Express Existing Pass Through SE Number:		Existing Discover Number		
*You consent to us providing this information to American Express Travel Relate Please provide your American Express pass through Service Entitlement (Si have a SE number, please contact American Express at 1-855-825-3297 for a	ed Services Company, Inc. E) number. If you do not			
		Franchise Number		
(10) MISC	ELLANEOUS	FEES (if applicat	ole)	
(11) INITIAI	L TERM OF MI	ERCHANT AGREE	MENT	
Length of Initial Ter	m: year(s)	month(s)	(Init.)	
(12)	THIRD PARTY	AGREEMENTS		
	FIRST DATA GLO	BAL LEASING		
Equipment Name	Qty	Unit Price Leas	e Term (months)**	Total Cost to Lease (per equipment)
	\$,	\$
	\$			\$
	s			<u> </u>
Total Monthly Lease Amount*				
-	9	10.20		
Annual Tax Handling Fee:	3	10.20		
Total Cost to Lease (all equipment) *Does not include taxes, late fees, or other charges that may apply – See to	\$ he Equipment Lesse Agre	eement Section of your Program	Guide for details	
**This is a non-cancellable lease for the full term indicated. First Data Glob				1 for all amounts owing under the lease.
The equipment/products to be leased are referenced in the Equipment/S	oftware section of this MI	PA.		_
Option to purchase: If you wish to buyout the equipment, ple	ease contact 1-877-2	57-2094.		(Merchant's initials:)
	TELECHI			
WARRANTY TYPE (select only one):	ECA WARRANTY OR P	APER WARRANTY		
☐ ECA® Warranty ☐ Paper Warranty ☐ Mail Order Warranty ☐	Multiple Hold Check W	arranty COD Warranty		
Monthly Check Volume \$ Average Dollar Amount	\$ De	ecember Risk Surcharge	0.10% CRO	C/Voice Auth Fee \$
Inquiry Rate% Transaction Fee	\$ Mo	onthly Processing Fee \$	5.00 Mont	thly Minimum Fee \$
Warranty Maximum* \$			□Мо	onthly Reporting (Included at No Charge)
*Warranty maximum for ECA is \$25,000; Paper Warranty is face value of che (See Agreement for definitions, warranty requirements and any addition		ms: Grocery is \$300; Convenience	e, Medical, Beauty/Ba	arber is \$200.

(12) THIRD PARTY AGREEMENTS (cont'd)	
□ Warranty □ Verification INTERNET CHECK ACCEPTANCE (ICA)	
December Risk Surcharge # of Websites/Call Company	Centers:
Setup Fee \$ Inquiry Rate% Transaction Fee \$ Monthly Processing Fee \$ Monthly Minimum F	
Corporate check processing service add-on selected?	(ICA): \$ <u>2,500.00</u>
□ Warranty □ Verification CHECKS BY PHONE (CBP)	
December Risk Surcharge0.10 % Monthly Check Volume \$ Average Dollar Amount \$ # of Websites/Call Control of the Control of th	Centers:
Setup Fee \$ Inquiry Rate% Transaction Fee \$ Monthly Processing Fee \$ Monthly Minimum F	ee: \$
Order Confirmation Letter Fee** (CBP only) \$0.75 Corporate check processing service add-on selected? □ Yes □ No Maximum Warranty (CBP): \$ 5,000.00
□ ** Opt-Out: Subscriber agrees to send written confirmation to consumer per NACHA.	
Lockbox Pro21 – Verification e-Deposit (Settlement Only)	
Monthly Check Volume \$ Monthly Minimum Fee \$ Monthly Check Size & Monthly Minimum Fee	. •
Average Check Size \$ CDCCM/size Auth Fee	
Max Check Amount \$25,000.00 Statement Processing Fee \$ 5.00 Max Check Amount \$25,000.00 Statement Processing	F 00
Iransaction Fee \$,
ADDITIONAL TELECHECK INFORMATION (Required for Check By Phone Services Only) Merchant:	
1. Is a publicly traded corporation.	n) □Yes □No
2. Is a subsidiary of a publicly traded corporation.	
3. Is federally-insured.	
4. Is a government entity.	e □Yes □No
5. Sells anti-telemarketing devices.	
7. Sells identity theft protection services/products.	
9. Salle services/products that facilitate the obtaining of grant \(\triangle \) Voc. \(\triangle \) No.	
9. Has annual revenues of \$ 13. Obtains% of annual revenues from sales solicitations initiated via telephone, fax or e-mail to customers for which the Company has had revenues from the Company has had revenues from sales solicitations initiated	
10. Has been the subject of a law enforcement or government ☐ Yes ☐ No relationship with for the past two (2) years.	io exioting
investigation. (If yes, please explain) 14. Describe Company's specific type of business and product lines for the pas	st two (2) years:
Term and Termination. TeleCheck will provide the TeleCheck Services selected in the TeleCheck Application for an initial term of twelve (12) months from the effective date. Thereafter, the TeleCheck	Services shall automatically
renew for successive 12-month terms until terminated as provided for in the TeleCheck Service Agreement. Damages. Upon your breach or unauthorized termination of the TeleCheck Services, TeleCheck shall be entitled to recover from you liquidated damages in an amount equal to ninety percent (90%) of	f the total aggregate charges
payable for the unexpired portion of the then-current term of the TeleCheck Services.	55 5
Payment. All fees and charges are due upon receipt. You authorize TeleCheck to debit from your financial institution account as provided to TeleCheck by you, all payments and other amounts owed a \$25.00 fee for any check or ACH debit that is not paid by your financial institution upon presentment.	. You agree to pay TeleCheck
(13) AGREEMENT APPROVAL	
, <i>,</i> ,	
Client certifies that all information set forth in this completed Merchant Processing Application and Agreement (MPA) is true. Client acknowledges having received and read of the copy of the MPA (the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreement(s) and a Confirmation Page (version ipi1115) and agrees to be bound	by all provisions as printed
therein as modified from time to time. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialling systems to con number(s) Client has provided in this MPA and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client	
indinacity of the intrinsic browned in this wife and of this provided in the event that offent is a flather of the flather of	ntact Client at the telephone
on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Clie	ntact Client at the telephone ent has previously registered ent further agrees that Client
on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Clie will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your MPA is approved based upon contrary information stated in Section 4, Marketing Method	ntact Client at the telephone ent has previously registered ent further agrees that Client above, you are authorized to
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