Front Cover Sheet

Business (DBA):	Something Special Ripley	
Contact First Name:	Janie	
Contact Last Name:	West	
Business Address:	230 S Washington St	
City: <u>Ripley</u>	State: TN	Zip: <u>38063</u>
Business Phone #:	731-635-4470	
Rep Number:	42192	

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.
- **X** 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 <u>one</u> 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;
- Certified Articles of Incorpora
 Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;
- 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 <u>Card Not Present company</u>
- Internet Requirements
 - Company's name must be displayed on the website
 - o Clear posting of the company's Customer Service Telephone Number / email address
 - Refund/Return policy
 - o 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.

1	COMPANY INFORMATION											
1												
CONTA	ACT NAME: Janie West											
◆DBA ADDRESS TYPE: BSA ◆DBA ADDRESS1 (NO PO BOX): 230 S Washington St												
DBA A	ADDRESS 2:											
♦ CITY	: Ripley				♦ STATE TN		♦ ZIP CODE:	38063				
♦ Cou	NTRY OF PRIMARY BUSINESS OPE	erations: USA		·								
♦Bus	INESS COUNTRY OF FORMATION:	USA					♦ DBA Phon	⊫ <i>#:</i> 731	1-635-447	0		
♦Ема		ecialtn@gmail.cor	m				DBA FAX #:					
	ESTABLISHED: 1975	· ·					MOBILE PHON	NE #:				
♦ LEN	GTH OF CURRENT OWNERSHIP:	44 years, 0	MONTHS									
CIP E	KEMPTION:											
BENEF	ICIAL OWNER EXEMPTION:											
2	OTHER ADDRESS (IF DIFFE	RENT THAN ABOVE)										
		SEE ALSO S		RUCTIONS (MORI	E THAN ONE OPTIC							
LOCAT	ION NAME: Something	Special Riple	y			Рн	IONE #: 731-	-635-44	70			
CONTA	CT: Janie West			1		FA	x #:					
	ss: 230 S Washington S			CITY: Ripley				STATE:	TN	ZIP CODE: 38063		
	EMENTS/ RETRIEVALS /CH					=						
RETRIEVALS: Mail To: DBA Mailing or Fax To: D DBA Mailing or Email To: OR Online Case Management (OCM) Chargebacks: Mail To: DBA Mailing And Fax To: D DBA Mailing or Email To: OR Online Case Management (OCM)												
						HIP (INI	DIVIDUAL OR INT	ERMEDIAR				
3	♦ Beneficial Owner: Perc						LE PROPRIETOR					
♦ Add	ITIONAL BENEFICIAL OWNERS?		SIBLE PART	Y TITLE: OP		l	F OTHER:					
♦ Fires	т NAME: Janie		MIDDLE	NAME:		♦ LAST	NAME: West					
♦ Add	RESS TYPE: PRA ADDRES	ss (NO PO BOX): 29	I Lackey	Lane								
♦ CITY	Ripley		♦ STATE/		♦ ZIP/POSTAL C	CODE:	38063	•	COUNTRY:	USA		
♦ DOE	3:05/04/1938		♦US PER	RSON: Yes					PHONE #: 9(01-635-4470		
	ous Address if Current Address : E Address:	IS LESS THAN 2 YEARS		►CITY:				►STATE:		►ZIP CODE:		
	PE: SSN			-			►IF OTHER-	-	_	VZIP CODE.		
	HER ID #:	▶IF OTHER ID - COUN		515543809			HER GOVERNME		- ID NAME			
-	RAGE SALE AMOUNT: \$ 70						CARD PRESENT	100%	Ом	NI COMMERCE (MUST TOTA	L 100%)	
♦ Higi	SALE AMOUNT: \$ 250						CARD NOT PRE	SENT 100	%* CAR	DPRESENT	<u>98</u> %	
♦ Nuw	IBER OF HIGH SALES (ABOVE) ANI	NUALLY: 12					INTERNET 1009	%*	CAR	D NOT PRESENT*	2 %	
♦ Тот.	AL MONTHLY VISA/MC/AMEX/I		OMNI COMMER	RCE	Inte	RNET*	0 %					
♦ Ann	UAL REVENUE: \$ 400000					►IN	ITERNET : PROD	UCT WEBSI	ITE:			
♦ INDU	ISTRY TYPE: RE											
♦ DES	DESCRIPTION OF PRODUCT/SERVICES OFFERED: Home Accessories											
	AL PROGRAM MCC ONLY: 594									PROCESSOR REQUIRED BELO	w	
	DOES THE CUSTOMER RECEIVE TH SAME DAY,# OF DAYS (п	ate of sale			USTOMER SERV REVIOUS PROCE		≡#: 731 - 63	35-4470		
	SONAL, PLEASE CHECK MONTHS C	LOSED BELOW. (CUSTO		ONTACT CUSTOMER S	SERVICE TO DEA	ACTIVAT		ATE ACCOL MAY	INT)			
				IBER				NOVEMBEI	R			

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)											
◆DEPOSIT BANK NAME BANK OF RIPLEY	◆ABA/ROUTING #:084308003	♦ DDA Account #: 0107999									
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:									
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:									
TAPE ID (OPT): 3	Fast Track Funding										

CARD ACCEPTA	NCE (PLEAS	SE CHECK EA	ACH CARD YOU WISH TO	ACCEPT.)			PRICING CATEGORY	1			
ALL VISA/MAS	TERCARD/A	MEX/UNION	PAY/DISCOVER*	DISCOVER MasterC	ard UnionPay	VISA	RETAIL RESTAURANT LODGING SUPERMARKET		MO/TO / INTERNET ARU OMNI COMMERCE (TIERED & EICP ONLY)		
X VISA CREDIT X	/ISA DEBIT 🐹 I	MASTERCARD C	REDIT 🐹 MASTERCARD DEBIT	r 🐹 Discover* 🛛 U	NIONPAY 🞽 A	MEX					
PRICING INFORM	IATION								FEES		
RATES	ARE FOR ALL	CARD ACCEPT	TANCE TYPES SELECTED. A	LL CARD BRAND AS	SESSMENTS WI	LL BE PASSED THRO	DUGH AT COST.		APPLICATION FEE	\$	
	,	VISA	MASTERCARD	DISCOVER	' I	JNIONPAY	AMERICAN EXPRES	s	INSTALLATION/TRAINING	\$	
ENHANCED IC PLUS	RATE (%) +	Per Item (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEN	1 (\$) RATE (%) + Per Item (\$)	RATE (%) + PER ITEM		RETURN ITEM FEE/NSF (PER OCCUR)	\$25	
QUALIFIED	0 <u>.10</u> %+	<u>\$ 0.0</u> 60	0 <u>.10</u> %+ <u>\$ 0.0</u> 60			<u>%+ \$</u>	0 <u>.10</u> % + \$ <u>0.0</u>	60	ACCOUNT MAINTENANCE	\$20	
MID QUALIFIED	0 <u>.20</u> %+	<u>\$ 0.0</u> 60	0 <u>.20</u> % + <u>\$ 0.0</u> 60	0 <u>.20</u> %+\$ <u>0</u>	<u>0</u> 60	<u>%+ \$</u>	0 <u>.20</u> % + \$ <u>0.0</u>	60	CHARGEBACK (PER OCCUR)	\$ 25	
NON QUALIFIED	0 <u>.20</u> %+	<u>\$ 0.0</u> 60	0 <u>.20</u> %+ <u>\$</u> 0.060	0 <u>.20</u> %+\$ <u>0</u>	060	<u>%+ \$</u>	0 <u>.20 %+ \$ 0.0</u>		ANNUAL FEE START DATE:	\$	
OTHER TIER	□ Снеск С %+	CARD (<i>T-opt /EI</i> C \$	C-req) SPRMKT (T-opi%+ \$	t/EIC-NA) □ QP %+ \$	S/SMALL TKT (7	Γ-opt/EIC-NA) % + \$	%+ \$	_	MONTHLY MINIMUM	\$	
REWARDS TIER (T-opt / EIC-reg)	0 <u>.20</u> %+	\$ <u>0.0</u> 60	0 <u>.20</u> %+ <u>\$0.0</u> 60	0.20 % + \$ <u>0.0</u>		_%+ \$ <u></u>	<u>%+ \$</u>		MONTHLY SERVICE FEE	\$6.00	
COMMERCIAL	·							OTHER: Batch Header Fe	\$0.050		
CARD TIER (T-opt /EIC-req)	0 <u>.20</u> %+	\$ <u>0.0</u> 00	0 <u>.20</u> %+ <u>\$ 0.0</u> 00	<u>0.20</u> %+\$ <u>0.0</u>		_%+\$	%+\$		OTHER: EQUIPMENT BII	\$ 17.00	
PASS THRU:	v	ISA	MASTERCARD	DISCOVER'		UNIONPAY	AMERICAN EXPRES	s	OTHER:	\$ 0.000	
	RATE (%) +	+ Per Item (\$) Rate (%) + Per Item (\$					(\$)	OTHER:	\$0.000		
MARKUP	%	+ \$	<u>%+ \$</u>	%+ \$		<u>%+</u> \$	<u>%</u> + \$	-	STATEMENT: CELECTRONIC O	R	
	v	ISA	MASTERCARD	DISCOVER'		UNIONPAY	AMERICAN EXPRES	s	PRICING PROGRAMS		
	RATE (%) +	PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RAT	e (%) + Per Item (\$)	RATE (%) + PER ITEM	(\$)	MONETARY PROGRAM:		
QUALIFIED	%	+ \$	%+ \$	%+\$		%+ \$	%+ \$		AUTH PROGRAM: 49160		
NON QUALIFIED	%	+ \$	%+\$ **P	%+ \$	*Discove		, PAY PAL PAYMENT DEVIC	E**	Equipment: 59999 Miscellaneous: 59999		
AUTHORIZATIONS (PER OCCURRE	ENCE)							SAFE T SERVICES BUNDLE		
VISA		\$ 0.000	UNIONPAY	\$ 0.000	VOICE AUTH	Н ТОИСН ТОМЕ	\$ 1.950		Assoc Compliance		
MASTERCARD		\$ <u>0.000</u>	WEX	\$ <u>0.000</u>	VOICE- OPE	RATOR ASSISTED	\$ <u>1.95</u> 0		SAFE T SILVER		
DISCOVER		\$ <u>0.000</u>	DIAL COMMUNICATION	\$	VOICE - WIT	гн AVS	\$ <u>2.2</u>		SAFE T GOLD	\$10.00	
AMEX		<u>\$ 0.000</u>	OTHER:	\$	VOICE - BA	NK REFERRAL	\$ <u>4</u>		Per month, taxes and other fees may apply, see company representation and certifications)		
PIN DEBIT											
MONETARY: D	SS THROUGH	I(ICDIF) 🗆 P	ASS THROUGH (ICPLS)	SURCHARGE (FLAT RA	TE) AUTH	: 🗖 PASS THROUG	H (INTERCHANGE PLUS N	/ARKUF) 🗖 FIXED (FLAT RATE)		
Apply Rate to All Networks: Rate (%) + Per Item (\$)% + \$ Auth \$ PIN Debit monthly fee \$ Interlink % + \$ Maestro % + \$ updbt % + \$ accel % + \$											
AFFN %+\$			ALASKA %+\$	АUTH \$ АUTH \$	UPDBT CU24		·	NETS	%+\$AUTH\$ %+\$AUTH\$		
NYCE %+\$			PULSE %+\$	AUTH \$	SHAZAM	_		STAR			
			· · · ·	- •			· ·		· · · · · ·		
OTHER CARD	YPES EXIS	STING									
OTHER CARD	TYPES EXIS	STING	Per Auth: \$	EBT SE #	(7 DIGITS):	Pe	er Auth: \$	D WE	X (ADDITIONAL PAPERWORK REG	Q.)	

POINT	OF SALE (Equipmi	ENT OR SOFTWARE)										
NETWOR	K: 🖸 ELAVO	ом 🗖	OTHER A THIRD	PARTY INTE	GRATOR WILL BE US	ED FOR IMPLEME	NTATION:			Co	OMMUNICATION	Method (IP D	EFAULT): 🗖 DIAL
VAR S	ERVICE PROV	IDER (HC	DSTED):	VAR	DISTRIBUTED):	VENDOR:		PRODUCT:		V	ERSION:		
# OF TIE	DS:		TID TYPE (OMNI ONLY):				# OF TIDS:		TID TY	PE (OMNI ONLY)):		
QTY	POS DESCR	IPTION	ITEM CODE	TID TYPE Omni Only	PRICE PER UNIT	MONTHLY FE PER UNIT	E LEASE** TERM (MONTH	FEE PER	Per Auth	PURCHASE	LEASE**	EXISTING	G EXCHANGE
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					\$	\$		\$	\$				
					\$	\$		\$	\$				
					\$	\$		\$	\$				
					\$	\$		\$	\$				
					\$	\$		\$	\$				
PLEAS	SURCHARGES CREDIT CARD SURCHARGING IS PROHIBITED IN THE FOLLOWING STATES: CO, CT, KS, MA, ME AND OK CREDIT CARD SURCHARGING RATE 3.00% (ONLY AVAILABLE FOR TETRA DESK 3500, TETRA DESK 5000 OR TETRA MOVE TERMINALS) ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED) *PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED. SALEAON BILLS ONE TIME FEES SALUAPPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED) ***PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED. SALEAON BILLS ONE TIME FEES Saturday DELIVERY INEXT DAY AIR 2 ²⁰⁰ DAY AIR ELAVON BILLS ONE TIME FEES Elson 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 Service, even if Elson colects fees or other amounts from Company with respect to such hardware or services. S \$ ADDITIONAL POS SERVICES: \$ \$ \$ \$ \$ \$ QTY POS DESCRIPTION ITEM CODE TID TYPE Ouncourt MONTHLY RATE PER UNIT ANNUAL FEE PER UNIT SETUP/ SETUP/ SETUP/ SIN CARD SETUP/ SIN CARD SETUP/ SIN CARD SETUP/ SIN CARD<												
Renta	I							\$	\$	\$	UNIT	UNIT \$	\$
EQUIPM								\$	\$	\$		\$	\$
								\$	\$	\$		\$	\$
								\$	\$	\$		\$	\$
comp refurb the us Applic	ared to pur hished upor se of rental cation, belo	rchasing n return equipm w.	h the first 24 months g. Rental equipment before being re-dep nent can be found in	may be n loyed. Re the Equip	ew or used an intals are mon oment Chapter	nd is dependent th to month a r of the Oper	ent on inve and may b ating Guid	entory available e terminated at e: a link to the	at time of o any time by	rder. All ι / Compan	ised equip y. Addition	ment is in al provisio	spected and ons around
	AIL PROGRAM		RUCTIONS (DO NOT USE	QUICK CL			STORE AND	,		GNATURE		ACTLESS (+ N	IO SIGNATURE)
	TAURANT (QUI	CK CLOSE	*		N (DEFAULT)	[FINE DINING	3		FUNCTION		``	,
		IT (AUTO C	LOSE DEFAULT)			CASH BACK PIN D			ILT) QUIC	CK STAY			
(CUSTOM F	A PROMPTS: PROMPTS COULD RES		NO TIP (REST) INO SER							_ aiter (Rtl) 🗖	TIP FUNCTION CA	SHIER (RTL)	
	G (DEFAULT =		ING): 🔲 TRAINING	PHONE I	NFORMATION: ACC	ESS #:	Co	NTACT NAME:		Co	NTACT PHONE	#:	
made l also re unders equipn unders damag	XI understand that I am entering into a												
Company hereby authorizes Elavon, through its Ladco Leasing division ("Lessor"), to automatically withdraw Company's monthly lease payments and any amounts, including any and all taxes or other charges, owed in accordance with the lease, as applicable, by initiating debit entries to Company's account at the financial institution ("Bank") indicated hereon or such other financial institution used by Company from time to time. A lease payment (whether paid by debit or other means) that is not honored by Bank for any reason will be subject to a returned item service fee imposed by Lessor. Upon completion of the lease term, this authorization shall remain in effect until Lessor has received written notice from Company of its termination.													
▶BANK					►ABA/Routin				►DDA A	ACCOUNT #:			
Ladco	VENDOR CO					IG #: Lease Plan:			►DDA A	ACCOUNT #:			
Ladco Repo	Vendor Col					LEASE PLAN:		# 5555					
Ladco Repo	VENDOR COI RT TOOLS P ONLY <u>OF</u>	<u> </u>	MCP with OCM M	IONTHLY FE	=\$			# Users) 🗌 CHN	

SUBSTITUTE FORM W-9												
Sole Proprietor CORPORATION SCORPORATION PARTNERSHIP UNINCORPORATED ASSOCIATION PUBLIC CORPORATION TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) GOVERNMENT TRUST ESTATE PRIVATE COMPARING TAX COMPANY TAX COMPA												
LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C,S OR P) LEGAL BUSINESS NAME*: Something Special												
LEGAL BUSINESS NAME*: SOMETHING SPECIAL *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): 230 S Wa		OOLLINO		OR TIN (EMPLOYER ID	#):							
CITY: Ripley State		ZIP: 3	8063	TIN (SOCIAL SECURITY #		4-3809						
COMPANY REPRESENTATIONS AND CER		1		×	,							
Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) agree that Company Application are duly authorized to bind Company (s in subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to terms. The Terms of Service (TOS"), including when leasing equipment, and has had an opportunity to terms. The Terms of Service (TOS"), including when leasing equipment, and has had an opportunity to terms. The ToS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.												
review such terms. The TOS contains a mandatory and binding arbitration provision that approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance												
* By signing this document below you are agreeing on beh. **The Internal Revenue Service does not require your const Company Application, you hereby certify that to the best of information provided about the beneficial owner(s) and/or the set of the set of the	ent to any provision of your knowledge, the in	this docun nformation	nent other than the certif	ications required to avoid backup name and address provided for th	withholding.	In addition, by signing this						
Signature: X	PRINTED NAME: Ja	anie We	est	TITLE: Owner/Prop	rietor	DATE:						
Signature: X	PRINTED NAME:			TITLE: - Select One) -	DATE:						
PERSONAL GUARANTY												
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.												
SIGNATURE: X	ored are in compliance		NAME: Something	Special		DATE:						
Signature: X		Printed	-			Date:						
	SU	BMITTED	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: M	lorgan	Withee	Rep ID #: 42192		DATE: 09/24/2019						
Rep Email: morgan@impactpays.com ELavon USA-MSP-ELV-1018												

NEW COMPANY APPLICATION - VALUE ADDED SERVICES

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

COMPANY INFORMATION																				
DBA NAME: Something Special Ripley																				
CONTACT NAME: Janie West	1 2					DBA PI	IONE #		73	1-63	5-447	70								
DBA ADDRESS 1 (NO PO BOX): 230 S V	Vashington St						-		10		• • • •									
	-	NI			DBA Address 2: Zip Code: 38063															
CITY: Ripley	STATE: T				ZIP CODE: 38063															
ELECTRONIC CHECK SERVICE					T															
ANNUAL CHECK VOLUME: \$	AVERAGE CHECK	AMOUNT: \$			►MA>	KIMUM CHEC		JNT: \$	5			►EC	CS MON	ITHLY MI	NIMUM:	\$				
ECS- PAPER CHECK CONVERSION																				
PROCESSING OPTIONS:		WITH GU	ARANTEE		GUA	RANTEE R	ATE:		%	Pe	R TRAN	NSACT	ION: \$							
		w/ Verifi	CATION OR	Per	TRANS	ACTION: \$			Per	R RET	JRN TR	ANSA	CTION:	\$	[OLLEC	CTIONS		
BOC		ONLY																		
ACH CHECK – CHECK NOT PRESENT (CNP PROCESSING OPTIONS:)																			
CONCURRENT ENROLLMENT (INCLUDES: WEE	, TEL, PPD AND CCD) = XNP				CH-ECHEC	K WITH	VERIF	ICATI				_							
INDIVIDUAL ENROLLMENT (CHOOSE ONE) WEB – INTERNET INITIATED PPD –	PREARRANGED PAYN	ENT												ΓΙΟΝ: \$_						
TEL/IVR – TELEPHONE INITIATED CCD – CORPORATE TO CORPORATE																				
CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP PER RETURN TRANSACTION: \$ OTHER ECS CHECK CONVERSION SERVICES REQUESTED																				
				BROCE				Not												
PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE ORDINATION MUST BE OBTAINED ON CHECK FOR GUARANTEE NSF SERVICE FEE AMOUNT: MAX ALLOWED OR SPECIFIED SERVICE FEE AMOUNT \$																				
SERVICE)	@ \$29.95 EACH		CHECK NSF										/ICE FEI	E AMOUN	√T \$,		
PER MONTH		SPECIF	Y NSF RESU	BMISSIO	N ATTEN	иртs: 🔲 0	OR		OR (2 IS TH	E DEFAL	JLT)								
ACH CHECK QUESTIONNAIRE																				
WHAT TYPES OF PAYMENTS WILL YOU ACCEPT I WILL YOU OBTAIN AUTHORIZATION FROM YOUR														FOR TEL/I	VRORI	NWRI	TING FO	JB PPD)	2	
YES 🛄 NO																		,		
 WILL YOU VERIFY AND AUTHENTICATE THE IDEN ADDRESS AND TELEPHONE NUMBER OR USING A 											RIES FOR	R THOSI	ECUSTO	MERS (E.C	Э., ВҮ ОЕ	BTAINI	NG A C	USTOME	R'S NA	ME,
ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? Yes No																				
5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? YES NO																				
FANFARE																				
SECONDARY MID - EXISTING MID/DBA:																				
FANFARE PACKAGES																				
GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW) SET-UP FEE: MONTHLY FEE (PER MID): SET-UP FEE:																				
BASIC LOYALTY (NO CARDS)		ET-UP FEE:				MONTHLY F			_											
BASIC GIFT (INDICATE CARD ORDER BELOW)			· ·			MONTHLY F														
CARD ORDER & RE-ORDERS:																				
CAR CARD QUANTI		RICE								Ppc	MOTION		D TYPE							
		(10)	•								OYALTY									
STANDARD			P							-	GIFT Q									
	(STANDARD CARDS)	AVAILABLE		TS OF 1	00. CUS	TOM CARD	S AVAII	ABLE (ONLY	IN INCE										
Additional Options:	10111121112 0111201	TTT ILE IDEE		10 01 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NDEE (0/12/			0 0. 0.	,,,,							
MAX CARD VALUE \$ (DEFAUL	т \$1000)																			
	***	STATE AND	LOCAL TAXE	S MAY E	BE APPL	IED TO FEES	BILLEI	D FOR	FANF	ARE**	*									
STANDARD CARD ORDER DETAILS																				
CARD STYLE:			Ti	EXT COL	OR:															
	IT 🔲 AS SUBMITTED)																		
	AVOID DELAY, PLEASE					VON.COM	DR 🔲	Text ((IMPR	INTING	DETAILS	s MUS	T BE EN	TERED B	ELOW)					
	⊤ONE): ☐ Arial ☐ elect ONE): ☐ Title (As subr	nitted													
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FANFARE NOTES						ŧ							-							
OTHER VALUE ADDED SERVICES																				
				1	0000	onversior	Rate		0	%			DCC F	Rebate:		%				
DYNAMIC CURRENCY CONVERSION (DCC): Annual DCC Registration Fee: \$ DCC Exchange Rate Source: US Bank																				
HEALTHCARE: TRANSEND PAY			R	ATE: 1.5					•		-	-	IENT LIN					-		
SIGNATURE (Signature below is only	required when	enrollina	for the V	'alue A	Addea	l Service	s liste	ed or	n thi	s pac	je.)									
By signing below, Company warrants the tr	,									, ,	. ,									
		T							-											
SIGNATURE	NAME &	I ITLE							D	ATE										

SALES WORKSHEET

DBA: Something Special Ripley

ACCOUNT DESIGNA	TION										
NEW LOCATION ADDITIONAL LOCATION EXISTING MID: EXISTING CHAIN #: LOCATION 2 OF 2											
Portfolio Code:	FI:		AGENT:		BANK:	MSP S	SHORT NAME: MSIMPACT				
CLIENT GROUP #: 17		ENTITY:	44928		Rep #: 4	2192	A	AWB:			
ONSITE INSPECTION: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN: SEPARATE BUILDING PRIVATE RESIDENCE SHOPPING CENTER/MALL OFFICE BUILDING KOTHER (DESCRIBE): 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: MOTO	an Withee			Rep #: 42192			DATE:	e: 09/24/2019			
SPECIAL INSTRUCT	ONS										
CREDIT UNDERWRITING	NOTES:										
Address Notes: Mailing Address Fax: Notes:	: Something	Specia	ll Ripley	- Janie West 2	30 S W	ashington St Rip	ley, TN	N 38063 Phone: 731-635-44	70		

			Ac	ditiona			ip						
er)	Percentage of Ownership	Benefic	ial Owner:		rized S	Signer [PG Only [Intermedia	y Business	Responsible Party			
	First Name:		Middle Na	me:			Last Name:						
5	DOB:	ID Type:		ID#:		If Fore	eign, Country of	Issuance:					
the	If ID Type "Other"												
гаг	Other ID Type:		Other	ID#:			If Gov't Issue	d – ID Name:					
ler/	Address/Type: :							Phone #:					
	City:						State/Province	e:	Zip/Postal C	Code:			
Principal Information 2 (Owner/Partner/Officer)	Principal address matches the addres otherwise noted.	ess on the P	rimary Ider	ntification Do	cume	nt above ur	nless	Seconda	ary ID included	l if no address match			
natio	Previous Address if current address	is less than	2 years: A	ddress:									
IOT	City:				State	e/Province:			Zip/Postal C	ode:			
	Country(s) of citizenship:												
ipa	Intermediary Business Information												
	Intermediary Business Name					Intermedi	ary Contact Na	me					
ĩ	Intermediary Phone Number						ary Email Addr						
.	Percentage of Ownership	Benefic	ial Owner:		rized S	Signer [_ PG Only [Intermedia	y Business	Responsible Party			
lice	First Name:		Middle Na	me:			Last Name:						
5	DOB:	ID Type:		ID#:		If Fore	eign, Country of	Issuance:					
ner	If ID Type "Other"												
-an	Other ID Type:		Other		If Gov't Issue	d – ID Name:							
ner/I	Address/Type: :					Phone #:							
Š O	City:						State/Province	e:	Zip/Postal C	Code:			
Principal Information 3 (Owner/Partner/Officer)	Principal address matches the addres otherwise noted.	ess on the P	rimary Ider	ntification Do	cume	nt above ur	nless	Seconda	ary ID included	l if no address match			
mati	Previous Address if current address	is less than	2 years: A	ddress:									
TO	City:				State	e/Province:			Zip/Postal C	ode:			
	Country(s) of citizenship:												
	Intermediary Business Information					r							
	Intermediary Business Name					Intermedi	ary Contact Na	me					
L	Intermediary Phone Number	<u> </u>					ary Email Addr						
-	Percentage of Ownership	Beneficia	al Owner:	Autho	rized S	Signer	PG Only [Intermedia	y Business	Responsible Party			
-	First Name: DOB:	ID Type:	Middle Na			If Corr	Last Name:						
-	If ID Type "Other"	ID Type.		ID#:			eign, Country of	issuance.					
er)	Other ID Type:		Other	ID#:			If Gov't Issue	d – ID Name:					
	Address/Type: :							Phone #:					
r/o	City:						State/Provinc		Zip/Postal C	Code:			
Principal Information 4 (Owner/Partner/Officer)	Principal address matches the addres otherwise noted.	ess on the P	rimary Ider	ntification Do	cume	nt above ur	nless	🔲 Seconda	ary ID included	l if no address match			
er/P	Previous Address if current address	is less than	2 years: A	ddress:									
wn	City:		•		State	e/Province:			Zip/Postal C	ode:			
10	Country(s) of citizenship:												
	Intermediary Business Information												
	Intermediary Business Name					Intermed	ary Contact Na	me					
	Intermediary Phone Number					Intermedi	ary Email Addro	ess					
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	Percentage of Ownership	Beneficia	I Owner:	Author	rized Signer	PG (Dnly [Intermediar	y Business	Responsible Party	
	First Name:		Middle N	ame:		Last I	Name:				
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n 5 cer)	Other ID Type:		Other	· ID#:		If Gov	/'t Issue	d – ID Name:			
atio Offi	Address/Type: :							Phone #:			
rm; er/C	City:					State	/Provinc	e:	Zip/Postal	Code:	
Principal Information (Owner/Partner/Office	Principal address matches the add otherwise noted.	ress on the P	imary Ide	ntification Do	cument above	unless		ry ID include	d if no address match		
sipa er/	Previous Address if current addres	s is less than	2 years: A	Address:							
rind	City:				State/Provinc	e:			Zip/Postal C	Code:	
<u> 0</u>	Country(s) of citizenship:										
	Intermediary Business Information										
	Intermediary Business Name				Interme	diary Co	ntact Na	me			
	Intermediary Phone Number			Interme	Intermediary Email Address						