

# MERCHANT PROCESSING AGREEMENT

## Merchant Application and Fee Schedule

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

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 <http://info.vantiv.com/NPCCMA>. 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.

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

T 1 1 3 7 R 0 1 8

Bank # or Merchant Association #:

### SECTION 1 MERCHANT BUSINESS INFORMATION

|   |   |  |                          |
|---|---|--|--------------------------|
| Business Legal Name: (Must Match Business Tax Return Name)<br>KNEGARD LLC |   | Contact Name:<br>KIRSTEN NEGARD  |                          |
| Business Name (DBA):<br>INGRIDS JEWELERS                                  | <input type="checkbox"/> Check here if Corporate Headquarters | E-mail address:<br>INGRIDS@TROYCABLE.NET                                     | Website:                 |
| Business Location Address:<br>1 SANSBURY ST                               |   | Business Billing Address: (if different from location address)<br>PO BOX 668 |                          |
| City, State, Zip:<br>DALEVILLE, AL, 36322                                 |   | City, State, Zip:<br>DALEVILLE, AL, 36322                                    |                          |
| Phone #:<br>(334) 598-9005  | Fax #:<br>(334) 598-1817                                      | Phone #:<br>(334) 470-1998   | Fax #:<br>(334) 598-1817 |
| Federal Tax ID #: 87- 1688216   |   |  |                          |

### 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 checked="" 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 |  |
| Control Owner/Officer/Principal Name:<br>Kirsten Negard    | Title:<br>Owner                                       | DOB:<br>4/8/1969                                     | SSN #:<br>424-19-6383                          |
| Home Address:<br>798 Snell St                              |   | City, State, ZIP:<br>Pinckard, AL 36371              | Phone #:<br>(334) 470-1998                     |
| Beneficial Owner/Officer/Principal Name:<br>Kirsten Negard | Title:<br>Owner                                       | DOB:<br>4/8/1969                                     | SSN #:<br>424-19-6383                          |
| Home Address:<br>798 Snell St                              |   | City, State, ZIP:<br>Pinckard, AL 36371              | Phone #:<br>(334) 470-1998                     |
| Beneficial Owner/Officer/Principal Name:                   | Title:  | DOB:   | SSN #:   |
| Home Address:  |   | City, State, ZIP:                                    | Phone #:                                       |
| Beneficial Owner/Officer/Principal Name:                   | Title:  | DOB:   | SSN #:   |
| Home Address:  |   | City, State, ZIP:                                    | Phone #:                                       |
| Beneficial Owner/Officer/Principal Name:                   | Title:  | DOB:   | SSN #:   |
| Home Address:  |   | City, State, ZIP:                                    | Phone #:                                       |

### SECTION 3 IMPORTANT DISCLOSURES Merchant acknowledges receipt of NPC's documentation, which includes Merchant Processing Agreement Ver.GEN.1120

|   |   |
|---|---|
| <p><b>IMPORTANT MEMBER BANK RESPONSIBILITIES:</b> (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.</p> <p><b>IMPORTANT MERCHANT RESPONSIBILITIES:</b> (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.</p> | <p><b>MEMBER BANK:</b><br/>Fifth Third Bank, N.A.<br/>c/o Worldpay LLC<br/>8500 Governors Hill Drive<br/>Symmes Township, OH<br/>45249<br/>(888) 208-7231</p> |
| Signature (Signature may be evidenced by facsimile)<br>X <i>Kirsten Negard</i>  | Name (please print)<br>KIRSTEN NEGARD   |
| Date<br>8-3-2021  |   |

Merchant's Business Name (Legal): KNEGARD LLC

**SECTION 4 BUSINESS PROFILE AND ASSUMPTIONS**

|   |  |   |                            |
|---|--|---|----------------------------|
| <input type="checkbox"/> Ownership or Legal Entity Change                           | Close NPC Existing MID#:   | Close Date Existing MID:  | Open Date: 7/15/2021       |
| Annual Volume (Visa/MC/DS/AX): \$400,000.00   | % Card Present 95  | % Card Swipe 95   | % Imprint (Manually Keyed) |
| Average Ticket (Visa/MC/DS/AX): \$300.00  | % Card Not Present 5   | % MOTO 5  | % Internet 0               |
| Highest Ticket (Visa/MC/DS/AX): \$16,000.00   | Total 100%   |   | % B2B 0                    |
| <input checked="" type="checkbox"/> Add'l. Location 1st Location MID:               |  | <input type="checkbox"/> Never Accepted Cards <input type="checkbox"/> Processor Change - How many processing statements are you including? |                            |
| Type of Goods/ Service Sold: Jewelry Stores, Watches, Clocks, and Silverware Stores |  |   |                            |
| MCC: 5944   | 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 checked="" type="checkbox"/> Other  |   |                            |
| Seasonal Sales: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Active Months: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC |   |                            |

**SECTION 5 COMPLIANCE INFORMATION**

|  |   |
|--|---|
| Do you (MERCHANT) have a <input type="checkbox"/> 3rd party software application/gateway or <input checked="" type="checkbox"/> POS Terminal | Do you store cardholder data? Paper - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Electronic - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Have you ever experienced an Account Data Compromise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                    | If yes, have you completed remediation? <input type="checkbox"/> YES <input checked="" 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 checked="" 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 (the "PCI Program") to assist merchants in securing card data and complying with PCI DSS. You are 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. 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**

In accordance with the terms set out in the Merchant Processing Agreement, funds will be transferred to/from the account as delineated. If nothing is checked, MERCHANT will receive Premium ACH. ACH can be performed by the following entities: Member Bank, NPC or any authorized agent of NPC or any Third Party Service Provider with whom you have contracted. \*Subject to special approval

|  |   |
|--|---|
| Deposit Time Frame: <input type="checkbox"/> Premium ACH <input checked="" type="checkbox"/> Alternate Funding*  | Deposit Type: <input checked="" 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: 0 6 1 1 0 0 6 0 6  | DDA Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |
| Account #1: 1 0 1 5 7 8 1 0 3 0  |   |
| Routing #2:  | DDA Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  |
| Account #2:  | If a second account, this account is used for:<br><input type="checkbox"/> Discount <input type="checkbox"/> Fees <input type="checkbox"/> Credits <input type="checkbox"/> Chargebacks |

**RATES AND FEE SCHEDULE**

**SECTION 7**

**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

**Flat Rate Pricing**

Flat Rate <sup>1</sup> % \$

**Tiered Pricing**

Tiered Pricing <sup>2</sup> 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.

**AMERICAN EXPRESS OPTBLUE PROGRAM <sup>5</sup>**

Is annual volume less than \$1,000,000.00?  YES  NO  
 If No, then you are not eligible for the American Express OptBlue Program.  
 (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.)

Existing American Express Number  YES  NO

- By checking this box, Merchant elects to opt out of the American Express Program
- By checking this box, Merchant elects to opt out of receiving American Express Marketing Materials.

**Interchange Plus Pricing**

Interchange+ Pricing <sup>3</sup> 0.30 % \$ 0.15

Transaction Risk Fee  YES  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**

Pin Debit Pricing <sup>4</sup> Monthly Hosting Fee \$

Discount Rate % Transaction Fee \$

**Miscellaneous Product Fees**

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

**SECTION 8**

**OCCURRENCE FEES**

**Network & Processor Access Fee**

0.15%/Visa, MasterCard, American Express, Discover Transaction <sup>6</sup>

Pass-through <sup>7</sup>

(If no box checked in this section, we will assess the default rate of 0.15% Visa, MasterCard, American Express, Discover Transaction)

|                                  |  |
|----------------------------------|--|
| EMV Non-Enabled Fee <sup>8</sup> | 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     |

Signature Merchant Location Fee <sup>9</sup> \$2.50 /month/MID

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.

Group Annual <sup>10</sup> \$99.00 Charged in the Month of August

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Regulatory & Compliance Fee <sup>11</sup> \$90.00 Charged Annually in the Month of March | <input type="checkbox"/> Address Verification <sup>12</sup> \$0.00 /each                                 | <input type="checkbox"/> PCI Program Fee - Monthly <sup>13</sup> \$7.50 /month      |
| <input checked="" type="checkbox"/> Card Brand Usage Fee (NABU) - MasterCard \$0.06 /each                         | <input type="checkbox"/> Batch Fee <sup>14</sup> \$0.00 /per batch                                       | <input type="checkbox"/> Regulatory and Compliance Fee <sup>15</sup> \$0.00 /annual |
| <input checked="" type="checkbox"/> Card Brand Usage Fee (NABU) - Visa \$0.06 /each                               | <input type="checkbox"/> Semi Annual Fee \$45.00 Charged in the Months of August and 6 months thereafter | <input checked="" type="checkbox"/> Paper Statement <sup>16</sup> \$0.00 /month     |
| <input type="checkbox"/> Application Fee <sup>17</sup> \$0.00 /once   | Retrieval Request <sup>18</sup> \$15.00 /each  | <input type="checkbox"/> Advantage Buyer Program \$25.00 /month                     |
| On File Fee <sup>19</sup> \$10.00 /month  | Chargeback Fee \$25.00 /each   | <input type="checkbox"/> Dial Transaction Surcharge <sup>20</sup> \$0.08 /each      |
| ACH DBA Change Fee <sup>21</sup> \$25.00 /each  | <input type="checkbox"/> Welcome Kit \$0.00 /once  | <input type="checkbox"/> Global FFE Auth <sup>22</sup> \$0.03 /each                 |
| <input type="checkbox"/> Minimum Bill \$30.00 /month  | Voice Authorization Fee <sup>23</sup> \$1.95 /each   | <input type="checkbox"/> TSYS FFE Auth <sup>24</sup> \$0.03 /each                   |
| <input type="checkbox"/> Early Deconversion Fee <sup>25</sup> \$375.00 /once                                      | <input type="checkbox"/> PCI Program Fee - Annual <sup>26</sup> \$90.00 /annual                          |   |

**FOOTER REFERENCES**

Return ACH(s) are subject to a \$25.00 fee for each occurrence. **1099 K Reporting is provided at No Charge.**

<sup>1</sup> Fees designated with an asterisk (\*) in the Occurrence Fees Section are included in the Flat Rate Discount Rate. Fees without an asterisks, miscellaneous product Fees, and Initial Equipment Orders sections are not included in flat rate pricing and will be charged separately.

<sup>2</sup> Network Interchange Fees are included.

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

<sup>4</sup> Network Fees and Communication Fees are assessed separately.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> See Section 13 of the Terms and Conditions for additional information.

<sup>10</sup> 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 7B of the Terms and Conditions. If limited by state law, these fees may be modified in accordance with Section 7B of the Terms and Conditions.

<sup>11</sup> See Section 15 of the Terms and Conditions for additional information. In addition, Merchant may be charged a PCI Non-Compliance fee of \$19.95 per month per MID if not in compliance with PCI Rules and Regulations. Please refer to Section 6.G of the Terms and Conditions.

<sup>12</sup> Applicable to Non-Worldpay front ends.

**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)<br><i>Kirsten Negard</i> |  | Guarantor Name:<br>Kirsten Negard       | Date of Signature:<br>8-3-2021 |
| Home Address<br>798 Snell St  |  | City, State, ZIP:<br>Pinckard, AL 36371 |                                |
| Date of Birth:<br>4/8/1969  | Social Security Number:<br>424-19-6383 | Phone #:<br>(334) 470-1998              |                                |

**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.1120) 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<br>Signature (Signature may be evidenced by facsimile)<br>x <i>Kirsten Negard</i> | Name (please print)<br>KIRSTEN NEGARD | Date<br>8-3-2021 |
|--|---------------------------------------|------------------|

Merchant's Business Name (Legal): KNEGARD LLC

**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  | PROVIDER CODE |
|------------------------------|-----|---------------|---------|---------------|--|---------------|
| Verifone Ctl's Vx520 Vtp Enc | 1   | MER           |         |               | <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"/> <b>RETAIL/MOTO</b><br>AVS <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Last 4-Digits <input type="checkbox"/> YES <input type="checkbox"/> NO<br>CVV 2 <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Purchase Card/Level 2 <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Invoice # Prompt <input type="checkbox"/> YES <input type="checkbox"/> NO<br>PBX Code <input type="checkbox"/> 8 <input type="checkbox"/> 9<br>Multi-Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO<br>First Merchant MID _____ | Auto-Close++ <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TIME _____<br>Store N Forward <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Pre-Dial <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Cash Back <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Debit Cash Back Max Amount _____<br>++ Auto-Close Time for Alternate Funding needs to be no later than 7:30 p.m. CST | <input type="checkbox"/> <b>RESTAURANT</b><br>Tips <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Servers <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Tables <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Bar Tab <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Suggested Tip <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> <b>FAST PAY (FPS)</b><br><input type="checkbox"/> Both receipts signature line<br><input type="checkbox"/> Both receipts NO signature line<br><input type="checkbox"/> NO receipts under \$25.00 | <input type="checkbox"/> <b>CASH ADVANCE</b><br><input type="checkbox"/> <b>LODGING</b><br>FUEL <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> <b>PASSWORD</b><br>All <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Void <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Return <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Settlement <input type="checkbox"/> YES <input type="checkbox"/> NO<br>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:  Do Not Ship  Merchant Location \*  ISO Location  Other  1-3 Day  Over Night Priority \*  Ground  Saturday

Attn: \_\_\_\_\_ Payment For Equipment Will Be:  Lease  Check  Cash  Visa  MC  Discover  Amex  30 day (Bill Group)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  Special Instructions: \_\_\_\_\_

NPC TO REPROGRAM/TRAIN MERCHANT?  YES  NO  
 NPC TO SHIP WELCOME KIT?  YES  NO

**WELCOME KIT SHIPPING INSTRUCTIONS** Required if welcome kit is shipping to separate address from above

Ship To:  Merchant Location \*  ISO Location  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 checked="" 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.<br><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.<br><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. | <b>Business / Inventory / Shipments:</b><br>Does business appear as represented? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Is business open and operating? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Is inventory sufficient for business type? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Are goods and services delivered at the time of sale? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Goods and services charged to credit card on <input checked="" type="checkbox"/> Order <input type="checkbox"/> Shipment<br>Are good and services delivered <input type="checkbox"/> Digitally <input type="checkbox"/> Physically <input type="checkbox"/> Both<br>If goods are shipped, is a Fulfillment House used? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

If Fulfillment House is used, please complete the following:

Fulfillment House Name and Address: \_\_\_\_\_ Fulfillment House Contact Information: \_\_\_\_\_

Is Fulfillment House PCI DSS Compliant?  YES  NO % of shipments by this vendor \_\_\_\_\_

Location Type:  Retail Store Front  Office Building  Residence  Industrial Building  Trade Show

Sales Organization: IMPACT PAYSYSTEM LLC Sales Rep Signature: \_\_\_\_\_ Application Date: 7/29/2021