NEW COMPANY APPLICATION

Company Information DBA NAME: Marcus Fairall Bristol							
CONTACT NAME: David Marcus							
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO PO BOX):	220 Thundarbird D	rivo Suito C					
	230 Munderbild D	iive Suite G					
DBA ADDRESS 2:		. 0 TV	17:-0				
◆CITY: El Paso		◆ STATE TX	♦ZIP CODE:	79912			
◆COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA							
◆Business Country of Formation: USA			♦ DBA PHONE	#: 915-775-	1040		
◆EMAIL ADDRESS: dmarcus@marcfair.com			DBA FAX #:				
YEAR ESTABLISHED: 1985			Mobile Phon	E #:			
♦LENGTH OF CURRENT OWNERSHIP: 34 YEARS, 7 MON	NTHS						
CIP EXEMPTION:							
BENEFICIAL OWNER EXEMPTION: NON							
OTHER ADDRESS (IF DIFFERENT THAN ABOVE)							
2 ☐ MAILING 🛣 SHIPPING ☐ SEE ALSO SPECIA	AL INSTRUCTIONS (MOI	RE THAN ONE OPTIO	N MAY BE SELECTED)				
LOCATION NAME: Marcus Fairall Bristol			PHONE #: 915-	775-1040			
CONTACT: David Marcus			FAX #:				
Address: 230 Thunderbird Drive Suite G	Сіту: El Paso			STATE: TX	ZIP CODE: 79912		
STATEMENTS/ RETRIEVALS / CHARGEBACKS	<u>.</u>		<u>.</u>				
STATEMENTS: ☐ DBA OR ■ MAILING OR ☐ W-9		AUTO SEND:	YES No (CHAIN	COMPANIES ONLY	– MUST INCLUDE CHAIN SET UP FORM)		
RETRIEVALS: MAIL TO: DBA MAILING OR FAX TO:	DBA MAILING OR E	MAIL TO:		<u>OR</u>	ONLINE CASE MANAGEMENT (OCM)		
Chargebacks: Mail To: DBA Mailing and Fax To:	DBA 🖪 MAILING <u>OR</u> EI	MAIL TO:		<u>OR</u>	ONLINE CASE MANAGEMENT (OCM)		
PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL	L OWNERS WITH 25% OR GE	REATER OWNERSH	HIP (INDIVIDUAL OR INTE	RMEDIARY B USIN	ESS) ON THE ADDL OWNERSHIP FORM)		
◆ ● BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP	100 % ☐ AUTHORIZ	ED SIGNER	Sole Proprietor				
◆ADDITIONAL BENEFICIAL OWNERS? NO RESPONSIBLE	E PARTY TITLE: MM		IF OTHER:				
	MIDDLE NAME:	•	LAST NAME: Marcu	S			
◆ADDRESS TYPE: PRA ◆ADDRESS (NO PO BOX): 442 CI	rown Pointe						
♦CITY: EI PAso	STATE/PROVINCE: TX	♦ ZIP/POSTAL CO	CODE: 79912				
	US PERSON: Yes		▶PHONE #: 915-525-8545				
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS HOME ADDRESS:	▶CITY:			STATE:	▶ZIP CODE:		
►ID TYPE: SSN	D#: 455768687		▶IF OTHER- I	D TYPE:			
▶IF OTHER ID #: ▶IF OTHER ID - COUNTRY		•	IF OTHER GOVERNMEN	T ISSUED - ID NA	ME:		
OTHER COMPANY INFORMATION		<u> </u>					
♦ AVERAGE SALE AMOUNT: \$ 495			CARD PRESENT	100%	OMNI COMMERCE (MUST TOTAL 100%)		
♦ High Sale Amount: \$ 5500			☐ CARD NOT PRES	ENT 100%*	CARD PRESENT 100 %		
♦ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: 4			☐ INTERNET 100%	*	CARD NOT PRESENT* %		
◆TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$	13500		☐ OMNI COMMERC	Œ	INTERNET* %		
◆ANNUAL REVENUE: \$ 160000			►INTERNET : PRODU	CT WEBSITE:			
◆INDUSTRY TYPE: RE							
◆DESCRIPTION OF PRODUCT/SERVICES OFFERED: CPA			►INTERNET: "CONTA	CT US" EMAIL:			
SPECIAL PROGRAM MCC ONLY: 8931			*Customer Service	PHONE # AND PREV	VIOUS PROCESSOR REQUIRED BELOW		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?	Time of service		▶Customer Service	E PHONE #:			
IF NOT SAME DAY,# OF DAYS (INCLUDE SHIPPING TIME FRAM IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER)	/IE)	SERVICE TO DEAL	▶PREVIOUS PROCES				
☐ JANUARY ☐ FEBRUARY ☐ M	MARCH September	APRIL	□ N		☐ JUNE		

____Initials 2 USA-MSP-ELV-0319

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)			
◆DEPOSIT BANK NAME COMPASS BANK	♦ ABA/ROUTING #: 1130105	0547 ◆ DDA ACCOUNT #: 4804065190	◆ ABA/Routing #: 113010547
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:	ABA/ROUTING #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:	ABA/ROUTING #:
TAPE ID (OPT):	☐ Fast T	Track Funding	☐ Fast Track Funding

CARD ACCEPTA	NCE (PLEA	SE CHECK E	ACH CARD YOU WISH TO	ACCEPT.)		PRICING CATEGORY	•			
☐ ALL VISA/MA	MO/TO / INTERNET ARU OMNI COMMERCE (TIERED & EICP ONLY)	☐ ARU ☐ OMNI COMMERCE								
🔣 VISA CREDIT 🛣										
PRICING INFORI	FEES									
RATE	S ARE FOR AL	L CARD ACCEP	TANCE TYPES SELECTED. A	LL CARD BRAND ASS	SESSMENTS WILL BE PASSED THI	ROUGH AT COST.	APPLICATION FEE	\$ O		
☐TIERED☐ FIXED OR		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	S INSTALLATION/TRAINING	\$ O		
■ ENHANCED IC PLUS	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RETURN ITEM FEE/NSF (PER OCCUR)	\$15		
QUALIFIED	0 <u>.25</u> %+	\$ <u>0.1</u> 00	0 <u>.25</u> % + \$ 0.100	0 <u>.25</u> % + \$ 0.	<u>1</u> 00 <u></u> %+\$	0 <u>.35</u> % + \$ 0.2	00 ACCOUNT MAINTENANCE	\$20		
MID QUALIFIED	0 <u>.25</u> % +	\$ <u>0.1</u> 00	0 <u>.25</u> % + \$ 0.100	0 <u>.25</u> % + \$ 0.	<u>1</u> 00 <u></u> %+\$	0 <u>.45</u> % + \$ 0.2	00 CHARGEBACK (PER OCCUR)	\$25		
NON QUALIFIED	0 <u>.25</u> %+	<u>\$ 0.1</u> 00	0 <u>.25</u> % + \$ 0.100	0 <u>.25</u> % + \$ <u>0</u> .	<u>1</u> 00 <u></u> %+\$	0 <u>.45</u> % + \$ 0.2	OO ANNUAL FEE START DATE:	\$ O		
OTHER TIER	☐ CHECK %+	CARD <i>(T-opt /El</i> -	C-req) ☐ SPRMKT (T-op	ot/EIC-NA) □ QP	S/SMALL TKT <i>(T-opt/EIC-NA)</i>	%+\$	MONTHLY MINIMUM	\$		
REWARDS TIER (T-opt / EIC-req)		\$ <u>0.1</u> 00	0 <u>.25</u> % + \$ 0.100			<u></u> %+\$	MONTHLY SERVICE FEE	\$6		
COMMERCIAL CARD TIER	0.25 %	\$ 0.100	0.25 %+ \$ 0.100	0.25 % 0.1	00 %+\$	0/ , c	OTHER:	\$0.000		
(T-opt /EIC-req)	0.20 %+	<u> </u>	0 <u>.20</u> % + \$ <u>0.1</u> 00	<u>0.20</u> % + \$ <u>0.1</u>	<u>%+ \$</u>	%+\$	OTHER:	\$0.000		
PASS THRU:	,	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	S OTHER:	\$0.000		
OR IC PLUS	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM ((\$) OTHER:	\$0.000		
MARKUP	9	6 + \$ <u> </u>	%+ \$	%+\$	%+ \$	%+ \$	STATEMENT: SELECTRONIC OR PAPER			
DIFFERENTIAL	1	VISA	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES				
DIFFERENTIAL	RATE (%)	+ PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER IT	EM (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	(\$) MONETARY PROGRAM:			
QUALIFIED	9	% + \$ <u> </u>	%+ \$	%+\$	%+ \$	%+\$	AUTH PROGRAM: 49101			
NON QUALIFIED	%	6 + \$ <u> </u>	%+ \$	%+\$	*Discover includes JCB, D AND RATES ARE BASED ON CARD S					
AUTHORIZATIONS	(PER OCCURF	RENCE)					SAFE T SERVICES BUNDLE			
VISA		\$ 0.000	UNIONPAY	\$ <u>0.000</u>	Voice Auth Touch Tone	\$ <u>0.65</u>	ASSOC COMPLIANCE			
MASTERCARD		\$ <u>0.000</u>	WEX	\$ <u>0.000</u>	VOICE- OPERATOR ASSISTED	\$ <u>1.95</u> 0	☐ SAFE T SILVER ☐ SAFE T GOLD			
DISCOVER		\$ <u>0.000</u>	DIAL COMMUNICATION	\$	VOICE - WITH AVS	\$ <u>2.2</u>	☐ SAFE T Solo	\$8		
AMEX		\$ <u>0.000</u>	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4</u>	Per month, taxes and other fees may apply, see company representation and certifications)			
PIN DEBIT							•			
MONETARY: ☐ P	ASS THROUG	н (ICDIF) 🗖 Р	ASS THROUGH (ICPLS)	SURCHARGE (FLAT RA	TE) AUTH: PASS THROU	GH (INTERCHANGE PLUS M	MARKUP) FIXED (FLAT RATE)			
APPLY RATE TO A		` ,	,	AUTH \$	PIN DEBIT MONTHLY FEE	\$				
		Аитн \$	Maestro%+ \$		UPDBT%+ \$		CCEL % + \$ AUTH \$			
AFFN % + \$			ALASKA% + \$	AUTH \$	CU24% + \$	·	IETS % + \$ AUTH \$			
NYCE % + \$		<u>'—</u>	PULSE % + \$	AUTH \$	SHAZAM % + \$	AUTH \$ S	TAR%+\$ AUTH\$_			
OTHER CARD		ISTING		T ===						
	(10 DIGITS):		Per Auth: \$		/	PER AUTH: \$	☐ WEX (ADDITIONAL PAPERWORK R			
OTHER SE #: PER AUTH: \$ OTHER SE #: PER AUTH: \$						PER AUTH: \$	H: \$ □ VOYAGER (ADDITIONAL PAPERWORK REQ.)			

3

POINT OF SALE	(EQUIPM	ENT OR S	OFTWARE)											
NETWORK:	VON	OTHER SNT		PARTY INTE	EGRATOR WILL BE US	SED FOR IMPLEMEN	NTATION:				Сомм	IUNICATION M	ETHOD (IP D	DEFAULT): DIAL
VAR SERVICE PR	OVIDER (HO	OSTED): U	SA ePay	VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERS	SION:		
# OF TIDS: 1		TID TYPE	(OMNI ONLY):				# OF TIDS:		TID T\	PE (OMNI (ONLY):			
QTY POS DESCRIPTION ITEM CODE OMNI UNIT PED UNIT TERM FEE PER AUTH PURCHASE LEASE** E						EXISTIN	G EXCHANGE							
				ONLY	\$	\$	(MONTHS)	\$	\$		1			\vdash
					\$	\$		\$	\$					
					\$	\$		\$	\$					
					\$	\$		\$	\$					
					\$	\$		\$	\$					
					\$	\$		\$	\$					
**PLEASE NOTE THA SATURDAY DEI Elavon and Member ha agreement) between Co	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) CREDIT SURCHARGE TO MERCHANT 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. SATURDAY DELIVERY NEXT DAY AIR 2º 2º0 DAY AIR ELAVON BILLS ONE TIME FEES Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Servicer, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services. DESCRIPTION SETUP FEE ANNUAL FEE MONTHLY FEE PER AUTH FEE													
SERVICES:							\$ \$		\$ \$		\$ \$		\$ \$	
							ΙΨ		ΙΨ		т	VARE/WIRE	Ŧ	
	QTY POS DESCRIPTION			ITEM CODE TID TYPE OMNI ONLY			NTHLY RATE PER UNIT	Annual PER UN		Mon Fee F	THLY S	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE	
RENTAL							\$	5	\$		\$	\$	i	\$
EQUIPMENT:							\$	5	\$		\$)	\$
							\$	5	\$		\$	\$)	\$
							4	5	\$		\$	\$;	\$
Rentals cancer compared to p refurbished up the use of rent Application, be Terminal Progr	urchasing on return al equipn low.	g. Rental before be nent can l	equipment l eing re-depi be found in	may be r loyed. Ro the Equi	new or used ar entals are mor pment Chapte	nd is dependent of the month a of the Opera	ent on invent and may be t ating Guide:	ory available erminated at a link to the (at time of cany time by	rder. A Comp	All use any. A	ed equipn Additiona	nent is in I provisi	spected and ons around
RETAIL (AUTO C			•	QUICK CI			STORE AND FO	•	□NoS	SIGNATUR		☐ CONTA	CTLESS (+ N	NO SIGNATURE)
☐ RESTAURANT (Q					ON (DEFAULT)		FINE DINING			FUNCTION				,
☐ CARD NOT PRES	ENT (AUTO (- ,	QUICK CI				CK CLOSE DEFAU	•	CK STAY				
CUSTOM PROMPTS: (CUSTOM PROMPTS COULD F	PESULT IN		,		00 _{TIME ZONE} <u>Cen</u> t REST) □ CLERK PRO			. ,	TOM FOOTER:	AITER (RTI	☐ TIP F	FUNCTION CASI	HER (RTL)	
LONGER DEPLOYMENT TIMES TRAINING (DEFAULT		- '		,	· -	, , –		ACT NAME:		(1112			, ,	
TRAINING (DEFAULT = NO TRAINING): TRAINING PHONE INFORMATION: ACCESS #: CONTACT NAME: CONTACT PHONE #: X I understand that I am entering into a														
Company hereby at owed in accordance to time. A lease pay this authorization sh	with the lea ment (wheth	ase, as appli ner paid by d	cable, by initiati debit or other me	ng debit en eans) that is	tries to Company's s not honored by Ba	account at the fin ank for any reason	ancial institution n will be subject t	("Bank") indicated	d hereon or suc	ch other fi	nancial	institution u	sed by Cor	npany from time
►BANK NAME:					►ABA/Routin	NG #:			▶DDA A	Ассоинт	#:			
LADCO VENDOR C						LEASE PLAN:								
REPORT TOOL	S													
☐ MCP ONLY	OR 🗆	MCP WITH	OCM M	ONTHLY FE		SET UP FEE \$	# l	JSERS	SET UP TY	PE (CHE	CK ONE) MID	☐ CHN	□ ENT
☐ ACS	Мс	NTHLY FEE	\$	SET U	FEE \$	REMOTE I	ID							

0												
	TITUTE FORM W-9											
☐ SOLE PROPRIETOR ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ UNINCORPORATED ASSOCIATION ☐ PUBLIC CORPORATION ☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ GOVERNMENT ☐ TRUST ☐ ESTATE ☐ PRIVATE CORPORATION												
	·		,				LEASE INDICATE D, C,S OR P)					
LEGAL BUSINESS NAME*: Marcus Fairall Bristol												
*Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.												
LEGAL E	Business Address (NO PO BOX): 230 Thu	nderbird Drive Su	iite G		0	R TIN (EMPLOYER ID#): 27-44	70182					
CITY: E	El Paso STA	те: ТХ	ZIP: 7	79912		TIN (SOCIAL SECURITY #):						
_	COMPANY REPRESENTATIONS AND C	ERTIFICATIONS	· ·									
Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, Inc. ("Elavon" or "Member" as applicable), with offices at 7300 Chapman Highway, Knoxville, TN 37920 (collectively, "we" or "us") that (i) all information provided in this company application ("Company Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Company; and (ii) the persons signing this Company Application are duly authorized to bind Company to all												
provisions of this Company Application and the Agreement. Further, by signing below, Company and its representative(s) agree that Company is subject to the terms and conditions set forth in the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. The TOS contains a mandatory and binding arbitration provision that affects Company's legal rights and should be reviewed prior to signing this document.												
Compan Agreeme Guide in https://w and http	The signature by an authorized representative of Company on the Company Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the TOS and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWebb/pdf/TOS_ENG.pdf In mot subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and											
custome Notwiths with the	t have access to view the TOS or Operating Guide a or service center to obtain a copy and review prior to standing any non-receipt of the TOS or Operating Gu Agreement, and all applicable laws, rules, and regul ons of the Payment Networks, and understands that	signing this document. ide, Company agrees to co ations including the rules a	omply nd	correct. American Express Accepta	ntered o	on this form (if any) indicating I am exe ogram (Acceptance Program). If Compan	y has elected to accept					
regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Company Application, have the same meaning ascribed to them in the TOS and Operating Guide. American Express® Transactions (as indicated in the Card Acceptance section of this Company Application, in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance Program terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of the TOS and Operating terms of the TOS. By signing below or by accepting a Transaction of the TOS and Tosh and												
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to receive settlement funds from, American Express on Company's behalf. Company further authorizes company so contact information to American Express, and contact information to American Express, and company agrees that American Express may use and share such contact information to American Express, and company agrees that American Express may use and share such contact information to American Express, and company agrees that American Express may use and share such contact information to American Express, and resour available to Company's business. American Express's use of the email address and mobile phone nur provided Company's business. American Express's use of the email address and mobile phone nur available to Company's business. American Express's use of contact information of runto to American Express's use of contact information for such company and background of Company, and to obtain credit reports or receive messages related to important information about Company's acceptance of the Company is acceptance of the company and t												
This Cor constitut Compan accompl	hat information to us. mpany Application may be signed in one or more core an original and all of which, taken together, shall of yApplication. Delivery of executed counterparts of tished by a facsimile transmission, and a signed facsion shall constitute a signed original.	onstitute one and the same is Company Application m	e nay be	in the Acceptance Program acceptance program, whic Company's acceptance of terminated. Company ack Agreement, solely with res	m, Comp ch may he Americ knowled spect to nent Dev	wledges that, if at any time Company is n oany may be enrolled in the standard Am have different terms and conditions than t an Express® Payment Devices pursuant ges that American Express is an intended the terms and conditions applicable to Co- rices, and that American Express has the now	erican Express® card he Acceptance Program, and to this Agreement will be I third-party beneficiary of this Impany's acceptance of					
**The In Compar	ning this document below you are agreeing on b ternal Revenue Service does not require your co ny Application, you hereby certify that to the bes tion provided about the beneficial owner(s) and/	nsent to any provision of of your knowledge, the	f this docu informatio	ry binding arbitration provise ment other than the certific n provided about you, the n	sion se ations name ar	t forth in the TOS and expressly incor required to avoid backup withholding. In address provided for the legal entity	In addition, by signing this					
SIGNAT	ure: X David G. Marcus	PRINTED NAME: D	avid Ma	arcus		TITLE: Managing Member	DATE: 12/17/2019					
SIGNAT	URE: X David G. Marcus (Dec 17, 2019)	PRINTED NAME:				TITLE: - Select One -	DATE:					
	PERSONAL GUARANTY											
may pro be disch understa benefit f	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 a mended 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 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.											
SIGNAT	<u> </u>			D NAME:			DATE:					
SIGNAT	ure: X		PRINTE	D NAME:			DATE:					
		SU	IBMITTE	DBY (SALES USE ONLY)								
	est of my knowledge, I certify that the information pr I by the Company's owner(s) or officer(s), as approp		plication wa	as provided by the Company	and is t	rue, complete and accurate. I further certi	ify that the signatures were					
<u> </u>	REP SIGNATURE: X Morgan Wither		lorgan	Withee	R	:PID#: 42192	DATE: 12/17/2019					
REP PH				npactpays.com			USA-MSP-ELV-1018					
		11101	J				<u> </u>					

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: Marcus Fairall Bristol											
CONTACT NAME: David Marcus	DBA PHONE #: 915-775-1040										
DBA ADDRESS 1 (NO PO Box): 230 Thunderbird Drive Suite G											
ELD	DBA ADDRESS 2: ZIP CODE: 79912										
	ZIP CODE: 79912										
ELECTRONIC CHECK SERVICE											
►ANNUAL CHECK VOLUME: \$ ►AVERAGE CHECK AMOUNT: \$ ► MAXIMUM CHECK AMOUNT: \$ ► ECS MONTHLY MINIMUM: \$											
ECS- PAPER CHECK CONVERSION PROCESSING OPTIONS: CONVERSION WITH GUARANTEE	GUARANTEE RATE: % PER TRANSACTION: \$										
☐ POP (POS IMAGE)											
☐ ARC (POS IMAGE) ☐ CONVERSION W/ VERIFICATION OR PER TRANSACTION: \$ PER RETURN TRANSACTION: \$ ☐ COLLECTIONS ☐ CONVERSION ONLY											
ACH CHECK - CHECK NOT PRESENT (CNP) PROCESSING OBTIONS:											
PROCESSING OPTIONS: CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP NONUMERAL (PROCESSING OPTIONS: PER RETURN TRANSACTION: \$											
NDIVIDUAL ENROLLMENT (CHOOSE ONE)	_										
☐ TEL/IVR – TELEPHONE INITIATED ☐ CCD – CORPORATE TO CORPORATE CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP	ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ PER RETURN TRANSACTION: \$										
OTHER ECS CHECK CONVERSION SERVICES REQUESTED											
	NG @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE										
SERVICE) ACH ECHECK NSE SERVICE FE	MAX ALLOWED OR SPECIFIED SERVICE FEE AMOUNT \$(STATE MAX IS DEFAULT) EE AMOUNT: S\$15 (DEFAULT) OR SPECIFIED SERVICE FEE AMOUNT \$										
II I I ENCUMPE REPORTING ACCESS: # OF HISERS (a) \$20 05 EACH	TTEMPTS: 0 OR 1 OR (2 IS THE DEFAULT)										
ACH CHECK QUESTIONNAIRE											
WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RE WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDAI											
YES 🖸 NO											
ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PRO	ERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, OVIDED BY CUSTOMER)?										
 WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS?											
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTON FANFARE	MER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? To Yes To No										
SECONDARY MID - EXISTING MID/DBA:											
FANFARE PACKAGES											
GIFT/LOYALTY PACKAGE (INDICATE CARD ORDER BELOW) SET-UP FEE: \$	MONTHLY FEE (PER MID): \$										
BASIC LOYALTY (NO CARDS) SET-UP FEE: \$	MONTHLY FEE (PER MID): \$										
BASIC GIFT (INDICATE CARD ORDER BELOW)	MONTHLY FEE (PER MID): \$										
CARD ORDER & RE-ORDERS: CARD ORDER	CARD TYPE										
CARD ORDER CARD QUANTITY PRICE	PROMOTIONAL QUANTITY										
\$	LOYALTY QUANTITY										
STANDARD \$	GIFT QUANTITY										
,	CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)										
ADDITIONAL OPTIONS: MAX CARD VALUE \$ (DEFAULT \$1000)											
	APPLIED TO FEES BILLED FOR FANFARE***										
STANDARD CARD ORDER DETAILS											
CARD STYLE: TEXT COLOR:											
JUSTIFICATION: LEFT CENTER RIGHT AS SUBMITTED											
LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: ARTWORK® IMPRINT: FONT (SELECT ONE):	PELAVON.COM OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW) nan										
◆Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower or	:ase										
											
FANFARE NOTES											
OTHER VALUE ADDED SERVICES											
I I DYNAMIC CURRENCY CONVERSION (DCC):	C Conversion Rate: % DCC Rebate: %										
HEALTHCARE: ☐ TRANSEND PAY RATE: 1.50%	ual DCC Registration Fee: \$ DCC Exchange Rate Source: US Bank PAYMENT LIMIT \$										
SIGNATURE (Signature below is only required when enrolling for the Value Add											
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,										
BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDE	DED, AGREES TO PAY THE FEES SET FORTH HEREIN.										
SIGNATURE NAME & TITLE	Date										

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SALES WORKSHEET

DBA: Marcus Fairall Bristol

ACCOUNT DESIGNA	TION											
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	EXISTING I	MID:		EXISTING CHAIN #:			LOCATION OF			
PORTFOLIO CODE:	IO CODE: FI: AGENT: BANK: 1				MS	MSP SHORT NAME: MSIMPACT						
CLIENT GROUP #: 17 ENTITY: 44928 REP #: 42192 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 kiosk other (describe): • I have physically been on site Yes • Merchant name is as it appears on signage (if applicable) Yes • The physical site inspected is the same as the DBA address Yes • Merchandise is consistent with type of business Yes Person Met with: David Marcus Printed Name: Morgan Withee Rep #: 42192 Date: 12/17/2019												
SPECIAL INSTRUCTI							-					
	CREDIT UNDERWRITING NOTES:											
ADDRESS NOTES: Mailing Address: Marcus Fairall Bristol - David Marcus 230 Thunderbird Drive Suite G El Paso, TX 79912 Phone: 915-775-1040 Fax: Notes:												

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				dditiona									
ır)	Percentage of Ownership	☐ Benefi	cial Owner:	☐ Autho	rized S	Signer	PG Only	Intermedia	ry Business Responsible Party				
lice	First Name:		Middle Na	ame:			Last Name:						
JQ.	DOB:	ID Type: ID#: If Foreign, Country of Is											
ner	If ID Type "Other"												
Part	Other ID Type:		Other	ID#:			If Gov't Issued	d – ID Name:					
ner/	Address/Type: :		•		Phone #:								
NO N	City:			State/Province	e:	Zip/Postal Code:							
Principal Information 2 (Owner/Partner/Officer)	Principal address matches the address on the Primary Identification Document above unless otherwise noted. Secondary ID included if no address matches address and address matches address matches address and address ad												
natic	Previous Address if current address	Previous Address if current address is less than 2 years: Address:											
forr	City: State/Province: Zip/Postal Code:												
Ē	Country(s) of citizenship:												
ipal	Intermediary Business Information												
inc	Intermediary Business Name Intermediary Contact Name												
<u> </u>	Intermediary Phone Number					Intermed	iary Email Addre	ess					
r)	Percentage of Ownership	☐ Benefi	cial Owner:	☐ Autho	rized S	Signer	PG Only [Intermedia	ry Business Responsible Party				
ice	First Name:		Middle Na	ame:			Last Name:						
)Off	DOB:	ID Type:		ID#:		If For	eign, Country of	Issuance:					
ner	If ID Type "Other"												
art	Other ID Type: Other ID#: If Gov't Issued – ID Name:												
ner/F	Address/Type: :					Phone #:							
Ŏ	City:				State/Province: Zip/Postal Code:								
Principal Information 3 (Owner/Partner/Officer)	Principal address matches the address on the Primary Identification Document above unless otherwise noted. Secondary ID included if no address match												
matic	Previous Address if current address is less than 2 years: Address:												
for	City:				State	e/Province	<u> </u>		Zip/Postal Code:				
드	Country(s) of citizenship:												
ci ps	Intermediary Business Information												
į.	Intermediary Business Name						nediary Contact Name						
а.	Intermediary Phone Number						iary Email Addre						
	Percentage of Ownership	□ Benefici	al Owner:	☐ Autho	rized S	Signer	☐ PG Only ☐	_ Intermedia	ry Business Responsible Party				
-	First Name:	ID Turner	Middle Na			Last Name: If Foreign, Country of Issuance							
-	DOB: If ID Type "Other"	ID Type:		ID#:		II FOR	eign, Country of	issuance:					
n 4 er)	Other ID Type:		Other	ID#:			If Gov't Issued	d – ID Name:					
fic	Address/Type: :							Phone #:					
rma er/0	City:						State/Province	э:	Zip/Postal Code:				
Principal Information 4 (Owner/Partner/Officer)	Principal address matches the address otherwise noted.	ess on the F	Primary Ider	ntification Do	cumer	nt above u	nless	□ Seconda	ary ID included if no address match				
ipa er/F	Previous Address if current address	is less than	2 years: A	ddress:									
inc	City:		-		State	e/Province	:		Zip/Postal Code:				
<u> 9</u> 0	Country(s) of citizenship:				•				,				
	Intermediary Business Information												
	Intermediary Business Name					Intermed	iary Contact Na	me					
	Intermediary Phone Number				Intermediary Email Address								

	Percentage of Ownership	☐ Beneficia	al Owner:	☐ Authori	zed Signer	☐ PG Only [Intermediar	y Business	Responsible Party		
	First Name:		Middle N	ame:		Last Name:					
	DOB:	ID Type:		ID#:	If Fo	reign, Country of	ntry of Issuance:				
	If ID Type "Other"										
n 5 cer)	Other ID Type:	Othe		If Gov't Issue	d – ID Name:						
atio Offic	Address/Type: :					Phone #:					
oformation tner/Offic	City:			State/Province	e:	Code:					
Principal Information Owner/Partner/Office	Principal address matches the add otherwise noted.	ress on the F	rimary Ide	nless							
ipa er/	Previous Address if current address is less than 2 years: Address:										
rinc	City:				State/Province	ate/Province: Zip/Postal Code:					
<u> </u>	Country(s) of citizenship:										
	Intermediary Business Information										
	Intermediary Business Name		Intermed	Intermediary Contact Name							
	Intermediary Phone Number			Intermed	Intermediary Email Address						