## 1 COMPANY INFORMATION

♦DBA NAME: S and G Appliances

CORPORATE NAME *(IF DIFFERENT THAN ABOVE)*: S and G Appliances

| | |
|---|---|
| CONTACT NAME: Glen McBryar | ♦DBA PHONE #: 361-592-2561 |
| ♦DBA ADDRESS 1 *(NO PO BOX)*: 325 W. King Ave. | DBA FAX #: 361-592-2561 |
| DBA ADDRESS 2: | YEAR ESTABLISHED: 1970 |

| | | | |
|---|---|---|---|
| ♦CITY: Kingsville | ♦STATE: TX | ♦ZIP CODE: 78363 | ♦LENGTH OF CURRENT OWNERSHIP: 47 YEARS, 2 MONTHS |

♦BUSINESS COUNTRY OF ORIGIN *(HEADQUARTERED)*: USA

▸GEOGRAPHY FOOTPRINT *(ALL COUNTRIES LICENSED TO DO BUSINESS)*: USA

♦BUSINESS SCOPE OF OPERATIONS (*TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA*): 1

| | |
|---|---|
| ♦EMAIL ADDRESS: kaymcbee87@gmail.com | MOBILE PHONE #: |

## 2 OTHER ADDRESS *(IF DIFFERENT THAN ABOVE )*

☐ MAILING ☐ SHIPPING ☐ *SEE ALSO SPECIAL INSTRUCTIONS* *(MORE THAN ONE OPTION MAY BE SELECTED)*

| | | | |
|---|---|---|---|
| DBA NAME: S and G Appliances | | PHONE #: 361-592-2561 | |
| CONTACT: Glen McBryar | | FAX #: 361-592-2561 | |
| ADDRESS: 325 W. King Ave. | CITY: Kingsville | STATE: TX | ZIP CODE: 78363 |

## STATEMENTS/ RETRIEVALS /CHARGEBACKS

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* ***EMAIL TO:*** *OR* ☐ *ONLINE CASE MANAGEMENT (OCM)*

CHARGEBACKS: ***MAIL TO:*** ☒ *DBA* ☐ *MAILING AND* ***FAX TO:*** ☒ *DBA* ☐ *MAILING OR* ***EMAIL TO:*** *OR* ☐ *ONLINE CASE MANAGEMENT (OCM)*

## 3 PRINCIPAL 1 INFORMATION *(INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP ON THE ADDITIONAL OWNERSHIP FORM)*

♦☒ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 100 % ☐ AUTHORIZED SIGNER ☒ RESPONSIBLE PARTY

| | | | |
|---|---|---|---|
| ♦FIRST NAME: Glen | ▸MIDDLE NAME: | ♦LAST NAME: McBryar | ♦SSN#: 415-50-1123 |
| ♦HOME ADDRESS: 719 Santa Barbara St. | | | ♦DOB: 05/13/1938 |
| ♦CITY: Kingsville | ♦STATE: TX | ♦ZIP CODE: 78363 | ▸HOME PHONE #: 361-595-7237 |

*PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS*

| | | | |
|---|---|---|---|
| ▸HOME ADDRESS: N/A | ▸CITY: N/A | ▸STATE: TX | ▸ZIP CODE: 78363 |

| | | |
|---|---|---|
| ♦PRIMARY IDENTIFICATION DOCUMENT: DRL | ♦DOCUMENT ISSUING AGENCY: Texas | |
| ♦DOCUMENT # 08623756 | ▸ISSUE DATE: 04/12/2013 | ▸EXPIRY DATE 05/13/2019 |

PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. ☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

INDIVIDUAL ID EXEMPTION CLASS:

**SOLE PROPRIETORS ONLY:**

| | |
|---|---|
| ▸OCCUPATION: Self Employed | ▸EMPLOYER (OR DBA): Self |
| ▸COUNTRY OF PERMANENT RESIDENCE: USA | ▸COUNTRY(S) OF CITIZENSHIP: USA |

## OTHER COMPANY INFORMATION

| | |
|---|---|
| ♦AVERAGE SALE AMOUNT: $ 80.00 | ♦CARD PRESENT 95 % |
| ♦TOTAL **MONTHLY** VISA/MC/AMEX/DISC/UNIONPAY SALES: $ 8000.00 | ♦CARD NOT PRESENT* 5 % |
| ♦DESCRIPTION OF PRODUCT/SERVICES OFFERED: Appliance parts & Service | ♦INTERNET* % |
| SPECIAL PROGRAM MCC ONLY: 5310L | **(MUST TOTAL 100%)** |
| WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, 5 # OF DAYS (INCLUDE SHIPPING TIME FRAME) Time of Service | **CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW* ▸CUSTOMER SERVICE PHONE #: 361-592-2561 |
| ▸**INTERNET :** PRODUCT WEBSITE: ▸**INTERNET:** "CONTACT US" EMAIL: | ▸PREVIOUS PROCESSOR: Chase Paymentech (FDC Rev. |

IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. *(CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)*

☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER

## BANK ACCOUNT *(CHECKING ACCOUNTS ONLY)*

| | | |
|---|---|---|
| ♦DEPOSIT BANK NAME: First Community Bank | ♦ABA/ROUTING #: 114911807 | ♦DDA ACCOUNT #: 0091251 |
| BILLING/CHARGEBACK BANK NAME *(IF DIFFERENT):* | ABA/ROUTING #: | DDA ACCOUNT #: |

TAPE ID (OPT): 14

## CARD ACCEPTANCE *(PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)*

☐ ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*

☒ VISA CREDIT ☒ VISA DEBIT ☒ MASTERCARD CREDIT ☒ MASTERCARD DEBIT ☒ DISCOVER* ☐ UNIONPAY ☒ AMEX

## PRICING CATEGORY

☒ RETAIL ☐ MO/TO / INTERNET ☐ SUPERMARKET

☐ LODGING ☐ RESTAURANT ☐ ARU

## PRICING INFORMATION

*RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.*

☒ TIERED OR ☐ ENHANCED IC PLUS

| | VISA | MASTERCARD | DISCOVER* | UNIONPAY | AMERICAN EXPRESS |
|---|---|---|---|---|---|
| | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) |
| QUALIFIED | 1.64 % + $ 0.000 | 1.64 % + $ 0.000 | 1.64 % + $ 0.000 | ____ % + $____ | 1.64 % + $ 0.000 |
| MID QUALIFIED | 2.35 % + $ 0.000 | 2.35 % + $ 0.000 | 2.35 % + $ 0.000 | ____ % + $____ | 2.35 % + $ 0.000 |
| NON QUALIFIED | 3.05 % + $ 0.000 | 3.05 % + $ 0.000 | 3.05 % + $ 0.000 | ____ % + $____ | 3.05 % + $ 0.000 |
| OTHER TIER | ☒ CHECK CARD *(T-opt /EIC-req)* | ☐ SPRMKT *(T-opt/EIC-NA)* | ☐ QPS/SMALL TKT *(T-opt/EIC-NA)* | | |
| | 1.34 % + $ 0.000 | 1.34 % + $ 0.000 | 1.34 % + $ 0.000 | ____ % + $____ | 1.34 % + $ 0.000 |
| REWARDS TIER *(T-opt / EIC-req)* | 2.14 % + $ 0.000 | 2.14 % + $ 0.000 | 2.14 % + $ 0.000 | ____ % + $____ | 2.14 % + $ 0.000 |
| COMMERCIAL CARD TIER *(T-opt /EIC-req)* | 3.05 % + $ 0.000 | 3.05 % + $ 0.000 | 3.05 % + $ 0.000 | ____ % + $____ | 3.05 % + $ 0.000 |

**PASS THRU:** ☐ IC PLUS OR ☐ IC DIFF

| | VISA | MASTERCARD | DISCOVER* | UNIONPAY | AMERICAN EXPRESS |
|---|---|---|---|---|---|
| | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) |
| MARKUP | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ |

☐ DIFFERENTIAL

| | VISA | MASTERCARD | DISCOVER* | UNIONPAY | AMERICAN EXPRESS |
|---|---|---|---|---|---|
| | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) | RATE (%) + PER ITEM ($) |
| QUALIFIED | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ |
| NON QUALIFIED | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ | ____ % + $____ |

*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE

## FEES

| | |
|---|---|
| APPLICATION FEE | $ 0.00 |
| INSTALLATION/TRAINING | $ 0.00 |
| RETURN ITEM FEE/NSF (PER OCCUR) | $ 25.00 |
| ACCOUNT MAINTENANCE | $ 20 |
| CHARGEBACK (PER OCCUR) | $ 15 |
| ANNUAL FEE START DATE: | $ 0.00 |
| MONTHLY MINIMUM | $ 0 |
| MONTHLY SERVICE FEE | $ 4.00 |
| OTHER: Merchant Statem | $ 4.00 |
| OTHER: | $ |
| OTHER: | $ |
| OTHER: | $ |

STATEMENT: ☐ ELECTRONIC OR ☒ PAPER

## PRICING PROGRAMS

MONETARY PROGRAM:

AUTH PROGRAM: 49155

EQUIPMENT: 59999

MISCELLANEOUS: 59999

## AUTHORIZATIONS (PER OCCURRENCE)

| | | | | | |
|---|---|---|---|---|---|
| VISA | $ 0.150 | UNIONPAY | $ 0.000 | VOICE AUTH TOUCH TONE | $ 0.65 |
| MASTERCARD | $ 0.150 | WEX | $ 0.000 | VOICE- OPERATOR ASSISTED | $ 0.95 |
| DISCOVER | $ 0.150 | DIAL COMMUNICATION | $ 0.030 | VOICE – WITH AVS | $ 2.2 |
| AMEX | $ 0.150 | OTHER: | $____ | VOICE – BANK REFERRAL | $ 4 |

## SAFE T SERVICES BUNDLE

☒ ASSOC COMPLIANCE

☐ SAFE T SILVER

☐ SAFE T GOLD

$ 6.00

Per month, taxes and other fees may apply, see company representation and certifications)

## PIN DEBIT

MONETARY: ☒ PASS THROUGH (ICDIF) ☐ PASS THROUGH (ICPLS) ☐ SURCHARGE (FLAT RATE) | AUTH : ☒ PASS THROUGH (INTERCHANGE PLUS MARKUP) ☐ FIXED (FLAT RATE)

APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM ($) ____ % + $____ AUTH $____ | PIN DEBIT MONTHLY FEE $ 0.00

| | | | |
|---|---|---|---|
| INTERLINK 0 % + $ 0 AUTH $ .15 | MAESTRO 0 % + $ 0 AUTH $ .15 | UPDBT 0 % + $ 0 AUTH $ .15 | ACCEL 0 % + $ 0 AUTH $ .15 |
| AFFN 0 % + $ 0 AUTH $ .15 | ALASKA 0 % + $ 0 AUTH $ .15 | CU24 0 % + $ 0 AUTH $ .15 | NETS 0 % + $ 0 AUTH $ .15 |
| NYCE 0 % + $ 0 AUTH $ .15 | PULSE 0 % + $ 0 AUTH $ .15 | SHAZAM 0 % + $ 0 AUTH $ .15 | STAR 0 % + $ 0 AUTH $ .15 |

## OTHER CARD TYPES EXISTING

| | | | | | |
|---|---|---|---|---|---|
| AMEX | SE # *(10 DIGITS)*: | PER AUTH: $ | EBT | SE # *(7 DIGITS)*: | PER AUTH: $ |
| OTHER | SE #: | PER AUTH: $ | OTHER | SE #: | PER AUTH: $ |

☐ WEX (ADDITIONAL PAPERWORK REQ.)

☐ VOYAGER (ADDITIONAL PAPERWORK REQ.)

## POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWOR ☒ ELAVON ☐ OTHER | # OF TIDS: | ☐ A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION: | COMMUNICATION METHOD (IP DEFAULT): ☐ DIAL

VAR SERVICE PROVIDER (HOSTED): | VAR (DISTRIBUTED): VENDOR: PRODUCT: VERSION:

| QTY | POS DESCRIPTION | ITEM CODE | PRICE PER UNIT | MONTHLY FEE PER UNIT | ANNUAL FEE PER UNIT | PER AUTH | PURCHASE | EXISTING | EXCHANGE |
|---|---|---|---|---|---|---|---|---|---|
| 1 | INGENICO ICT220 | 220C | $ 0.00 | $ | $ | $ | ☐ | ☒ | ☐ |
| | | | $ | $ | $ | $ | ☐ | ☐ | ☐ |
| | | | $ | $ | $ | $ | ☐ | ☐ | ☐ |
| | | | $ | $ | $ | $ | ☐ | ☐ | ☐ |
| | | | $ | $ | $ | $ | ☐ | ☐ | ☐ |
| | | | $ | $ | $ | $ | ☐ | ☐ | ☐ |

ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. ☐ SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)

☐ SATURDAY DELIVERY ☐ NEXT DAY AIR ☐ 2ND 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.*

**ADDITIONAL POS SERVICES:**

| DESCRIPTION | SETUP FEE | ANNUAL FEE | MONTHLY FEE | PER AUTH FEE |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| | $ | $ | $ | $ |

## TERMINAL PROGRAMING INSTRUCTIONS *(DO NOT USE FOR CONVERGE – THIS INFORMATION IS COVERED DURING TRAINING)*

☒ **RETAIL (AUTO CLOSE DEFAULT)** ☐ QUICK CLOSE ☐ STORE AND FORWARD ☐ NO SIGNATURE ☐ CONTACTLESS (+ NO SIGNATURE)

☐ **RESTAURANT (QUICK CLOSE DEFAULT)** ☐ TIP FUNCTION CASHIER ☐ FINE DINING ☐ TAB FUNCTION

☐ **CARD NOT PRESENT (AUTO CLOSE DEFAULT)** ☐ QUICK CLOSE ☐ **LODGING (QUICK CLOSE DEFAULT)** ☐ QUICK STAY

CUSTOM PROMPTS: *(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)*

☒ TERMINAL AUTO CLOSE (RTL, MOTO) 8:00 pm TIME ZONE Cent ☐ CASH BACK PIN DEBIT (RTL): $____ (MAX) ☐ CUSTOM FOOTER: ____

☐ NO TIP (REST) ☐ NO SERVER PROMPT (REST) ☐ CLERK PROMPT (RTL) ☐ REMOVE SECURITY PROMPTS (FORM REQUIRED) ☐ TIP FUNCTION WAITER (RTL) ☐ TIP FUNCTION CASHIER (RTL)

**TRAINING (DEFAULT = NO TRAINING):** ☐ TRAINING | **PHONE INFORMATION:** ACCESS #: CONTACT NAME: CONTACT PHONE #:

## REPORT TOOLS

☐ MCP ONLY **OR** ☐ MCP WITH OCM MONTHLY FEE $ _____ SET UP FEE $ _____ # USERS _____ SET UP TYPE (CHECK ONE) ☐ MID ☐ CHN ☐ ENT

☐ ACS MONTHLY FEE $ _____ SET UP FEE $ _____ REMOTE ID _____

## SUBSTITUTE FORM W-9

☒ SOLE PROPRIETOR ☐ PUBLIC CORP ☐ CLOSELY HELD CORP ☐ SUB S CORP ☐ GOVERNMENT ☐ GENERAL PARTNERSHIP

☐ LIMITED PARTNERSHIP ☐ TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) ☐ OTHER (ASSN/ESTATE/TRUST)

☐ LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C OR P)

NAME* : S and G Appliances

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS: 325 W. King Ave. OR TIN (EMPLOYER ID #):

CITY: Kingsville STATE: TX ZIP: 78363 TIN (SOCIAL SECURITY #): 415-50-1123

## 5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

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. 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 Terms of Service ("TOS") and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or Operating Guide, Company agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and 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.

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 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 Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Company Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Company Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.

All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of $45 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

**Under penalties of perjury, Company certifies that:**
**1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
**2. I am not 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**
**3. I am a U.S. citizen or other U.S. person.**
**4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.**

American Express Acceptance Program (Acceptance Program). If Company has elected to accept 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 provisions set forth in Section E (Acceptance Program) 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 to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

| | | | |
|---|---|---|---|
| SIGNATURE: X Glen McBryar (Mar 15, 2017) | PRINTED NAME: Glen McBryar | TITLE: Owner | DATE: 03/15/2017 |
| SIGNATURE: X | PRINTED NAME: | TITLE: | DATE: |

## 6 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 Glen McBryar (Mar 15, 2017) | PRINTED NAME: Glen McBryer | DATE: 03/15/2017 |
| SIGNATURE: X | PRINTED NAME: | DATE: |

**SUBMITTED 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 Peggy Jordan | PRINTED NAME: Peggy Jordan | REP ID #: 42321 | DATE: 02/28/2017 |
| REP PHONE #: | REP EMAIL: peggyjordan@icloud.com | ELAVON USA-MSP-ELV-0716 | |

# 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: S and G Appliances

CONTACT NAME: Glen McBryar | DBA PHONE #: 361-592-2561

DBA ADDRESS 1 *(NO PO BOX)*: 325 W. King Ave. | DBA ADDRESS 2:

CITY: Kingsville | STATE: TX | ZIP CODE: 78363

## ELECTRONIC CHECK SERVICE

▸ANNUAL CHECK VOLUME: $ | ▸AVERAGE CHECK AMOUNT: $ | ▸MAXIMUM CHECK AMOUNT: $ | ▸ECS MONTHLY MINIMUM: $

## ECS- PAPER CHECK CONVERSION

**PROCESSING OPTIONS:**
☐ POP (POS IMAGE)
☐ ARC (POS IMAGE)
☐ BOC

☐ CONVERSION WITH GUARANTEE GUARANTEE RATE: % PER TRANSACTION: $

☐ CONVERSION W/ VERIFICATION **OR** PER TRANSACTION: $ PER RETURN TRANSACTION: $ ☐ COLLECTIONS

☐ CONVERSION ONLY

## ACH CHECK – CHECK NOT PRESENT (CNP)

**PROCESSING OPTIONS:**
☐ CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP
☐ INDIVIDUAL ENROLLMENT (CHOOSE ONE)
☐ WEB – INTERNET INITIATED ☐ PPD – PREARRANGED PAYMENT
☐ TEL/IVR – TELEPHONE INITIATED ☐ CCD – CORPORATE TO CORPORATE
***CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP***

☐ ACH-ECHECK WITH VERIFICATION PER TRANSACTION: $_____
PER RETURN TRANSACTION: $_____

☐ ACH-ECHECK CONVERSION ONLY PER TRANSACTION: $_____
PER RETURN TRANSACTION: $_____

## OTHER ECS CHECK CONVERSION SERVICES REQUESTED

☐ PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE)

☐ ENQUIRE REPORTING ACCESS: # OF USERS @ $29.95 EACH PER MONTH

☐ NSF SERVICE FEE PROCESSING @ $2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE
NSF SERVICE FEE AMOUNT: ☐ MAX ALLOWED OR ☐ SPECIFIED SERVICE FEE AMOUNT $_____ (STATE MAX IS DEFAULT)
ACH ECHECK NSF SERVICE FEE AMOUNT: ☐ $15 (DEFAULT) OR ☐ SPECIFIED SERVICE FEE AMOUNT $_____
SPECIFY NSF RESUBMISSION ATTEMPTS: ☐ 0 OR ☐ 1 OR (2 IS THE DEFAULT)

## ACH CHECK QUESTIONNAIRE

1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)?
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)? ☐ YES ☐ NO
3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? ☐ YES ☐ NO
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? ☐ EXISTING ☐ NEW
5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? ☐ YES ☐ NO
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR 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): $_____

☐ 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 QUANTITY | PRICE | PROMOTIONAL QUANTITY |
| ☐ CUSTOM | _____ | $ _____ | LOYALTY QUANTITY |
| ☐ STANDARD | _____ | $ | GIFT QUANTITY |

*(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)*

## *ADDITIONAL OPTIONS:*

☐ MAX CARD VALUE $ (DEFAULT $1000)

******STATE AND LOCAL TAXES MAY BE APPLIED TO FEES BILLED FOR FANFARE******

## STANDARD CARD ORDER DETAILS

CARD STYLE: | TEXT COLOR:

JUSTIFICATION: ☒ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED

IMPRINT: ☒ LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: ARTWORK@ELAVON.COM OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)
♦FONT (SELECT ONE): ☒ Arial ☐ *Brush Script* ☐ Times New Roman
♦Text Case (select ONE): ☒ Title Case ☐ UPPER CASE ☐ lower case ☐ As submitted

## FANFARE NOTES

## CURRENCY EXCHANGE

☐ DYNAMIC CURRENCY CONVERSION (DCC) – REBATE: ____ % DCC ANNUAL REGISTRATION FEE: $ **OR** ☐ MULTI-CURRENCY

## OTHER VALUE ADDED SERVICES

**HEALTHCARE:** ☐ TRANSEND PAY | RATE: **1.50%** | PAYMENT LIMIT $

## SIGNATURE *(Signature below is only required when enrolling for the Value Added Services listed on this page.)*

BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.

SIGNATURE _____ NAME & TITLE _____ DATE _____

# SALES WORKSHEET

***DBA:*** S and G Appliances

## ACCOUNT DESIGNATION

| | | | | |
|---|---|---|---|---|
| ☒ *NEW LOCATION* | ☐ *ADDITIONAL LOCATION* | *EXISTING MID:* | *EXISTING CHAIN #:* | *LOCATION OF* 1 |
| *PORTFOLIO CODE:* | *FI:* | *AGENT:* | *BANK:* | *MSP SHORT NAME:* MSIMPACT |
| *CLIENT GROUP #:* 17 | *ENTITY:* 44928 | *REP #:* 42321 | *AWB:* | |

## MULTI-MID REQUEST

☐ MULTI MID - NEW COMPANY RELATIONSHIP ☐ PRIMARY MID

☐ MULTI MID - EXISTING COMPANY RELATIONSHIP EXISTING MID OR AWB:

## BUSINESS VERIFICATION

☐ OTHER BUSINESS VERIFICATION DOCUMENTATION INCLUDED

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): Office

- I HAVE PHYSICALLY BEEN ON SITE
- COMPANY 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

**SIGNATURE:** Peggy Jordan

**PRINTED NAME:** Peggy Jordan **REP #:** 42321 **DATE:** 02/28/2017

## SPECIAL INSTRUCTIONS

CREDIT UNDERWRITING NOTES:

ADDRESS NOTES:

***DBA:*** **ADDITIONAL OWNERSHIP**

| **PRINCIPAL 2 INFORMATION** | | | |
|---|---|---|---|
| ♦ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % | ☐ AUTHORIZED SIGNER | ☐ PG ONLY | ☐ RESPONSIBLE PARTY |
| ♦ FIRST NAME: | ▸ MIDDLE NAME: | ♦ LAST NAME: | ♦ SSN#: |
| ♦ HOME ADDRESS: | | | ♦ DOB: |
| ♦ CITY: | ♦ STATE: | ♦ ZIP CODE: | ▸ HOME PHONE #: |
| ♦ PRIMARY IDENTIFICATION DOCUMENT: | | ♦ DOCUMENT ISSUING AGENCY: | |
| ♦ DOCUMENT # | ▸ ISSUE DATE: | | ▸ EXPIRY DATE |
| PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. | | ☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH | |

| **PRINCIPAL 3 INFORMATION** | | | |
|---|---|---|---|
| ♦ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % | ☐ AUTHORIZED SIGNER | ☐ PG ONLY | ☐ RESPONSIBLE PARTY |
| ♦ FIRST NAME: | ▸ MIDDLE NAME: | ♦ LAST NAME: | ♦ SSN#: |
| ♦ HOME ADDRESS: | | | ♦ DOB: |
| ♦ CITY: | ♦ STATE: | ♦ ZIP CODE: | ▸ HOME PHONE #: |
| ♦ PRIMARY IDENTIFICATION DOCUMENT: | | ♦ DOCUMENT ISSUING AGENCY: | |
| ♦ DOCUMENT # | ▸ ISSUE DATE: | | ▸ EXPIRY DATE |
| PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. | | ☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH | |

| **PRINCIPAL 4 INFORMATION** | | | |
|---|---|---|---|
| ♦ ☐ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ % | ☐ AUTHORIZED SIGNER | ☐ PG ONLY | ☐ RESPONSIBLE PARTY |
| ♦ FIRST NAME: | ▸ MIDDLE NAME: | ♦ LAST NAME: | ♦ SSN#: |
| ♦ HOME ADDRESS: | | | ♦ DOB: |
| ♦ CITY: | ♦ STATE: | ♦ ZIP CODE: | ▸ HOME PHONE #: |
| ♦ PRIMARY IDENTIFICATION DOCUMENT: | | ♦ DOCUMENT ISSUING AGENCY: | |
| ♦ DOCUMENT # | ▸ ISSUE DATE: | | ▸ EXPIRY DATE |
| PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED. | | ☐ ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH | |