entry:

IMPACT

MERCHANT APPLICATION AND AGREEMENT
CTS HOLDINGS, LLC

Chain ID IIPS

BUSINESS NAME(S)

Signing Rep: Manuel Pereira

Legal Name of Business: Karaja Enterprise Inc.

Sales Office Phone: 916-719-5327

DBA (doing business as): Premium Wireless Tracy

Mailing/Billing Address: 116 Yosemite Ave.

City, State, Zip: Manteca, CA. 95336

Contact Name: Muhannad Karajeh

Phone Number: (916) 308-9898

Fax Number:

Merchant E-Mail Address:

Merchant URL:

Location Address (if different from Mailing): ~~116~~ 2 West 11th St.

City, State, Zip: ~~Lodi, Ca. 95242~~ Tracy, CA 95376

Country: US

Contact Name: Muhannad

Phone Number: ~~(209) 368-2727~~ 209 834-1052

Fax Number:

MERCHANT PROFILE ("BUSINESS")

Business Open Date:	Length of Current Ownership:	# of Locations:
Jan-09	1 month	3

Average Monthly Volume for MC/V/Discover® Network:	Average Ticket Amount for MC/V/Discover Network:	Highest Ticket Amount for MC/V/Discover Network:
$ $2,000.00	$ $100.00	$ $800.00

Type of Business: Cellular Store

Type of Goods/Services Sold: phones and service

Site Inspection Performed: ☐ Yes If yes, see attached ☒ No

Seasonal Sales: ☐ Yes ☑ No High Volume Months: _____

Swiped	95 %	Face to Face	100 %
Keyed with Imprint	5 %	Mail Order (MO)	_____ %
Keyed without Imprint	_____ %	Telephone Order (TO)	_____ %
TOTAL	100%	Internet	_____ %
		TOTAL	100%

OWNERSHIP INFORMATION

51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application.

☐ Sole Prop. ☐ Partnership ☑ Corporation ☐ Other: State in which papers were filed:

Federal Tax ID # (9 digits): 80-0317655

Owner 1/Partner/Officer Name:	Title in Business:	Ownership %
Muhannad Karajeh	Pres.	60

Home Address:	City, State, Zip:
9344 Crowell Dr.	Elk Grove, Ca 95624

Social Security #:	Phone Number:	DOB:
626-45-4006	(916) 308-9898	~~[redacted]~~ 2-11-86

Owner 2/Partner/Officer Name:	Title in Business:	Ownership %

Home Address:	City, State, Zip:

Social Security #:	Phone Number:	DOB:

MERCHANT APPLICATION REFERENCES

Trade Reference 1 Name:	Contact:	Phone Number:	Account #:
Trade Reference 2 Name:	Contact:	Phone Number:	Account #:

SETTLEMENT ACCOUNT (you MUST attach a voided check)

We will automatically debit your Settlement Account for any amounts owed to us under the Merchant Application and Agreement.

A voided check from this account must be attached

☒ Checking Only

Contact Name:	Bank Name:
Adrieyna	Bank Of America

Phone Number:	Transit Number:	DDA Number:
209 239 5767	121000358	0143211257

PROCESSOR

Does your company or you, manage or own another business which already has a Merchant account with CTS? If yes, list name, address and Merchant #:

Name of Business: _____ Merchant #: _____

Address: _____

Are you now processing or have you ever processed MasterCard/Visa/Discover Network? ☐ Yes ☑ No (If yes, attach a previous Processor's statement.)

Name of Processor: _____

Have you ever had a bankcard relationship terminated? ☑ No ☐ Yes (If yes, attach explanation.)

Do you use any third party to store, process or transmit cardholder data? ☐ Yes ☑ No

If yes, give name and address:

4812

IPS1008

CREDIT CARD ACCEPTANCE

Check those cards you choose to accept (acceptance of all MasterCard (MC). Visa and Discover Network transactions is presumed unless any selections below are checked (see section 2):

- ☐ Accept MC Credit Transactions Only
- ☐ Accept MC Non-PIN Debit Transactions Only
- ☐ Accept Visa Credit Transactions Only
- ☐ Accept Visa Non-PIN Debit Transactions Only
- ☐ Accept Discover Network Credit Transactions Only
- ☐ Accept Discover Network Non-PIN Debit Transactions Only

ENTITLEMENTS

New American Express Agreement Attached: Yes ☐ No ☑

Please provide the following MID #'s when available:

Amex: _____ JCB: _____

Check guar: _____

Check guar Co.: _____

Check guar method: Drivers License ☐ MICR ☐

***Note:** If no box is checked it will automatically default to Driver's License.

EQUIPMENT

CTS ships equipment: YES ☑ NO ☐ Sale office reprograms equipment: YES ☑ NO ☑

Circle store policy to be printed on receipts:

NO REFUNDS ALLOWED
NO REFUNDS, EXCHANGE ONLY IN 7 DAYS
ALL SALES FINAL

Agents must do all downloads and installs.

ECR Software/Internet (type):

Terminal Type::	QTY:
Tranz 330	1
Type of Printer:	**QTY:**
250 printer	1
Type of PIN pad:	**QTY:**
1000 pinpad	1

(Tip line required?) Yes ☐ No ☑ Autobatch: Yes ☑ No ☐

MANUAL IMPRINTERS
Is there an existing imprinter at this location?
Yes ☐ No ☐
(Type of imprinter circle one)
Portable or regular manual

(Qty) _____

PETROLEUM INFORMATION

Pay at the Pump: YES ☐ NO ☑ ☐ Wright Express: 3.50% Transaction Fee: 15 ¢ ☐ Voyager Rate: 3.40% *Charged by Processor*

Integrated Equipment: ☐ VeriFone Ruby ☐ Auto Gas ☐ Gas Boy ☐ Gilbarco ☐ Other:

EBT INFORMATION

FNS #: Trans Fee: Benefit Issuance Availability: Days ____ Hours ____

Electronic Voucher Support: Yes ☐ No ☐ Check all EBT services provided at this location:

☐ Food stamps ☐ Cash Benefits ☐ Purchase with Cash Back ☐ Purchase ☐ Cash Withdrawal If cash issuance, the limit amount: $ ____

SCHEDULE OF FEES (Charged by CTS Holdings, LLC)

All fees are subject to change as provided below. For further details, read this entire Merchant Application and Agreement.

Three-Tier Pricing

DISCOUNT Rate Tier Description for MasterCard/Visa/Discover Network	Discount Rate (%) and Downgrade Fee
Rate 1	1.64%
Rate 2 R	Rate 1 plus .9 % + $ .09
Rate 3 R	Rate 1 plus 1.4 % + $ .13

Two-Tier Pricing

DISCOUNT Rate Tier Description for MasterCard/Visa/Discover Network	Discount Rate (%) and Downgrade Fee
Rate 1	____%
Rate 3	Rate 1 plus ____% + $____

AUTHORIZATION AND TRANSACTION FEES

ACH Fee	$ .05 /batch	Pre-Auth Fee	$ ____/each
American Express Authorization/EDC Fee	$ ____/each	☐ Vital Fee	$ ____/each
Debit/ATM Transaction Fee (Plus Debit Network Processing Fees)	$ .20 /each	Voice Authorization Fee	$ .95 /each
Decline Fee	$ .05 /each	Voice Response Unit (VRU) Fee	$ .95 /each
JCB Authorization/EDC Fee	$ ____/each	Wex Authorization Fee	$ ____/each
MasterCard/Visa/Discover Network Authorization Fee	$ .20 /each	Voyager Transaction Fee	$____/each

OTHER FEES

Annual Fee	$ 0 /year	Minimum Monthly Discount Fee	$ 0 /month
Chargeback Fee	$ 20.00/each	Monthly Fee	$ 0 /month
Early Cancellation Fee *	$ ~~300.00~~ 0	Statement Fee	$ 5 /month
☐ Merchant Club Fee ____ (Initials)	$ ____/month	Retrieval Fee	$ 7.50/each

* A fee charged if this Merchant Agreement is terminated or cancelled prior to the expiration of the initial thirty-six (36) month term.

Merchant will be charged applicable sales tax when eligible to receive certain selected supplies at no additional charge.

AUTHORIZATIONS AND REPRESENTATIONS

Each of the undersigned authorize Bank/Processor to use credit bureau/reporting agencies and/or their own agents to verify the accuracy of all information provided herein and to assess and monitor each of the undersigned's credit status. Each of the undersigned authorizes all such credit bureau /reporting agencies to release any information they may have pertaining to him/her to Bank/Processor. No sales agent of Bank/Processor is authorized to make any verbal or written modification to this Merchant Application and Agreement and/or the Operating Procedures.

Do not sign below unless and until you have received and reviewed all pages of this Merchant Application and Agreement. **Do not process Card transactions until you have received and reviewed the Operating Procedures.** I understand that the initial term of this Merchant Application and Agreement is thirty-six (36) months, continuing month to month thereafter, and that account termination prior to the expiration of the initial term shall require Merchant to pay an Early Cancellation Fee in the amount of three hundred dollars ($300.00). I acknowledge that this complete and legible Merchant Application and Agreement has been provided to me, and I agree to be bound by its provisions. I have been provided Operating Procedures, which contain the operating procedures, instructions and other directives relating to Card transactions. I agree that if I process Card transactions, I will comply with the Operating Procedures for all transactions I process. I understand that I also may request a copy of the Operating Procedures from my sales representative and or Processor at any time. I further understand that no strikeouts, interlineations, additions or modifications to this preprinted Merchant Application and Agreement may be made and that this Merchant Application and Agreement may be transmitted to or from Processor and/or retained electronically by Processor, which will constitute an original. I understand that this Merchant Application and Agreement is subject to approval by Processor and Bank. I declare under penalty of perjury under the laws of the state of California and under the laws of the state in which my business is located that all of the information contained in this Application is true and complete.

Muhannad Karajeh
Print Name of Principal or Corporate Officer

Signature (Title) 3-9-09
Date

Print Name of Principal or Corporate Officer

Signature (Title) Date

PERSONAL GUARANTOR

All corporations and limited liability companies must have their obligations guaranteed. As a primary inducement to Bank/Processor to enter into this Merchant Agreement and any addendum, or attachment thereto, with Merchant, the undersigned Guarantor(s), by signing this Merchant Application and Agreement and any addendum or attachment thereto, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Bank/Processor pursuant to this Merchant Agreement as it now exists or as it may be amended from time to time, whether before or after termination or expiration and whether or not Guarantor has received notice of any amendment. If Merchant breaches its Merchant Agreement, Bank/Processor may proceed directly against Guarantor or any other person or entity responsible for the performance of the Merchant Agreement without first exhausting their remedies against any other person or entity responsible therefore to them or any security held by Bank.

Muhannad Karajeh
Print Name of Personal Guarantor

Signature, as an individual (No title) 3-9-09
Date

Print Name of Personal Guarantor

Signature, as an Individual (No title) Date

CTS Holdings, LLC on behalf of itself and on behalf of Wells Fargo Bank, N.A. (for Visa and MasterCard transactions)

Signature

For internal use only: SIC/MCC Code