NEW COMPANY APPLICATION

	COMPANY INFORMATION										
1	Company Information OBA NAME: Pampered Pa	114/9									
Cour	· · · · · · · · · · · · · · · · · · ·	W3									
	CONTACT NAME: Philip Benard										
	◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (No PO Box): 565 W Poplar Ave										
	DBA ADDRESS 2:										
	: Collierville				♦ STATE TN		♦ ZIP CODE:	3801	17		
	INTRY OF PRIMARY BUSINESS OPERATIONS	USA									
♦ Bus	INESS COUNTRY OF FORMATION: USA						♦ DBA Phoni	E#: 9	01-316-59	09	
♦EMA	IIL ADDRESS: karensilver3@gmail	.com	_				DBA FAX #:				
YEAR	ESTABLISHED: 2013						MOBILE PHON	1E #:			
♦ LEN	GTH OF CURRENT OWNERSHIP: 6 YI	EARS, 5	MONTHS								
CIP E	XEMPTION:										
BENEI	FICIAL OWNER EXEMPTION:										
_	OTHER ADDRESS (IF DIFFERENT THA	AN ABOVE)									
2		SEE ALSO SP	ECIAL INSTRU	CTIONS (MOF	RE THAN ONE OPTI	TON MAY	Y BE SELECTED)				
Loca	TION NAME: Pampered Paws	·				Pŀ	HONE #: 901-	316-	5909		
CONT	ACT: Philip Benard					F#	AX #:				
	ESS: 565 W Poplar Ave		(CITY: Colliervil	lle			STATI	E: TN	ZIP CODE: 3801	7
	EMENTS/ RETRIEVALS / CHARGEB	ACKS									
STATE	STATEMENTS: DBA OR MAILING OR W-9 AUTO SEND: YES NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)										
RETRI	EVALS: MAIL TO: • DBA MAILING	OR FAX TO:	DBA 🗆	MAILING OR EI	MAIL TO:				<u>OR</u>	ONLINE CASE MANAG	емент (ОСМ)
CHAR	GEBACKS: MAIL TO: DBA MAILING	AND FAX TO:	: DBA	MAILING OR EN	NAIL TO:				<u>OR</u>	ONLINE CASE MANAG	емент (ОСМ)
3	PRINCIPAL 1 INFORMATION (INCL.)					SHIP (IN	IDIVIDUAL OR INTI	ERMEDI	ARY BUSINESS	S) ON THE ADDL OWNER	SHIP FORM)
	♦ ☐ BENEFICIAL OWNER: PERCENTAGE			■ AUTHORIZE	ED SIGNER	So	DLE PROPRIETOR				
	ITIONAL BENEFICIAL OWNERS? NO	RESPONS	SIBLE PARTY	TITLE: OP			IF OTHER:				
	ST NAME: Philip		►MIDDLE NAI			♦ Las	T NAME: Benai	rd			
♦ Add	PRA ADDRESS (NO F	O BOX): 622									
♦ CITY	: Byhalia		♦ STATE/PR	ROVINCE: MS	♦ ZIP/POSTAL (CODE: 38611 ◆COUNTRY: USA					
	B: 12/13/1940		♦US PERSC	on: Yes					PHONE #:	901-316-5909	
	DUS ADDRESS IF CURRENT ADDRESS IS LESS TH	AN 2 YEARS						. O1		17:5 Cops.	
	E ADDRESS:			►CITY:			\ \-\ O=\ \=0	►STAT		▶ZIP CODE:	
	(PE: SSN	15 . 00.00		<u>17325105</u>		O.	▶IF OTHER-				
	THER ID#: FOTO	THER ID - COUNT	RY OF ISSUAN	ICE:		▶IF U I	THER GOVERNME	NT ISSU	JED - ID NAME:		
	RAGE SALE AMOUNT: \$ 50						CARD PRESENT	100%	0	MNI COMMERCE (MUST	TOTAL 100%)
	H SALE AMOUNT: \$ 250					_	CARD PRESENT			ARD PRESENT	100 %
	MBER OF HIGH SALES (ABOVE) ANNUALLY:	20					INTERNET 100%			ARD NOT PRESENT*	0 %
	AL MONTHLY VISA/MC/AMEX/DISC/UN		\$ 12500			\dashv \sqsubset	OMNI COMMER	:CE		TERNET*	
	iual Revenue: \$ 150000		* 12000			1	INTERNET : PRODU	JCT WE			
	USTRY TYPE: RE					+					
	CRIPTION OF PRODUCT/SERVICES OFFERED	net groor	mina			\dashv	INTERNET: "CONT.	ACT US	s" EMAIL:		
	AL PROGRAM MCC ONLY: 7299B	. por g	ııı ığ							IS PROCESSOR REQUIRED	- 55/04/
	DOES THE CUSTOMER RECEIVE THE PRODU	JCT OR SERVICE	?				CUSTOMER SERVICE			IS PROCESSOR REQUIREL	BELOW
	SAME DAY,# OF DAYS (INCLUDE		RAME)	e of service	_		PREVIOUS PROCE			1	
_	SONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BE NUARY	•	MER MUST CONT MARCH	TACT CUSTOMER	SERVICE TO DE. APRIL	:ACTIVA		A <i>TE ACC</i> May	COUNT)	JUNE	
_	LY AUGUST	r	☐ SEPTEMBER	R	☐ OCTOBER		1	Novem	BER	□ DECEMBER	

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BANK ACCOUNT (CHECKING ACCOUNTS ONLY)										
◆DEPOSIT BANK NAME PATRIOT BANK	♦ ABA/ROUTING #: 084008824	◆DDA ACCOUNT #: 8112436								
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:								
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:								
TAPE ID (OPT): 3	☐ Fast Track Full	nding								

CARD ACCEPTA	NCE (PLEASE CHECK E	ACH CARD YOU WISH TO A	ACCEPT.)		PRICING CATEGORY			
☐ ALL VISA/MAS	TERCARD/AMEX/UNION	EXPRESS	Master Ca	UnionPay VISA	RETAIL RESTAURANT LODGING	☐ MO/TO / INTERNET ☐ ARU ☐ OMNI COMMERCE		
					☐ SUPERMARKET	(TIERED & EICP ONLY)		
✓ VISA CREDIT ✓ V	/ISA DEBIT 🐹 MASTERCARD (CREDIT MASTERCARD DEBIT	M DISCOVER* □ UN	IONPAY X AMEX				
PRICING INFORM	IATION				-	FEES		
RATES	ARE FOR ALL CARD ACCEP	TANCE TYPES SELECTED. ALL	. CARD BRAND ASS	ESSMENTS WILL BE PASSED THE	ROUGH AT COST.	APPLICATION FEE	\$	
☐TIERED☐ FIXED OR	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	S INSTALLATION/TRAINING	\$	
ENHANCED IC PLUS	. ,	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM ((PER OCCUR)	\$	
QUALIFIED	<u>.15</u> _{%+ \$} 0.000	<u>.15</u> _{%+ \$} 0.000	.15 _{%+ \$} 0.0	00%+\$	<u>.15</u> _{% + \$} 0.00	O ACCOUNT MAINTENANCE	\$20	
MID QUALIFIED	<u>.30</u> % + \$ <u>0.00</u> 0	.30 %+ \$0.000	.30 _{%+ \$0.0}	<u> </u>	.35 _{% + \$} 0.00	O CHARGEBACK (PER OCCUR)	\$15	
NON QUALIFIED	.30 %+ \$0.000	<u>.30</u> % + \$ <u>0.00</u> 0	.30 %+ \$0.0 .30 %+ \$0.0	<u></u> %+ \$.40 _{%+\$} 0.00	O ANNUAL FEE START DATE:	\$	
OTHER TIER	☐ CHECK CARD (T-opt /El	, , ,	,	/SMALL TKT <i>(T-opt/EIC-NA)</i> %+ \$	%+\$	MONTHLY MINIMUM	\$	
REWARDS TIER (T-opt / EIC-req)	<u>.20</u> %+ \$ <u>0.00</u> 0	%+\$.20 %+\$0.000	.20 _{%+ \$} 0.00	0%+\$	%+ \$	MONTHLY SERVICE FEE	\$4.00	
COMMERCIAL CARD TIER	.30 %+ \$0.000	.30 %+ \$0.000	.30 %+ \$0.00	0 %+\$	%+\$	OTHER:	\$0.000	
(T-opt /EIC-req)	70 + \$ <u></u>		%+ \$	70 + \$	70 + \$	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 ITE	M (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM (**	\$0.000	
MARKUP	%+ \$	%+ \$	%+\$	%+ \$	%+ \$	STATEMENT: ELECTRONIC PAPER	OR	
DIFFERENTIAL	VISA	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES			
DIT EKENTAL	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	M (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM (\$) MONETARY PROGRAM:		
QUALIFIED	%+\$	%+ \$	%+\$	%+ \$	%+\$	AUTH PROGRAM: 49159		
NON QUALIFIED	%+ \$	%+ \$	%+\$	%+ \$	%+\$	EQUIPMENT: 59999		
		** P A\	YPAL ACCEPTANCE A	*Discover includes JCB, D ND RATES ARE BASED ON CARD S	I, PAY PAL PAYMENT DEVICE WIPED TRANSACTIONS ONLY	** MISCELLANEOUS: 59999		
AUTHORIZATIONS (PER OCCURRENCE)					SAFE T SERVICES BUNDLE		
VISA	\$ <u>0.050</u>	UnionPay	\$ <u>0.000</u>	VOICE AUTH TOUCH TONE	\$ 0.650	Assoc Compliance		
MasterCard	\$ <u>0.050</u>	WEX	\$ <u>0.000</u>	VOICE- OPERATOR ASSISTED	\$ _0.950	☐SAFE T SILVER		
DISCOVER	\$ <u>0.050</u>	DIAL COMMUNICATION	\$ <u>0.030</u>	VOICE - WITH AVS	\$ 2.200	☐SAFE T GOLD	\$6.95	
AMEX	\$ <u>0.200</u>	OTHER:	\$	VOICE – BANK REFERRAL	\$ <u>4.00</u> 0	Per month, taxes and other fees may apply, see company representation and certifications)		
PIN DEBIT	•					<u>'</u>	•	
		Pass Through (ICPLS)	,			ARKUP) FIXED (FLAT RATE)		
APPLY RATE TO AL INTERLINK 0 %	• ' '	ER ITEM (\$) % + \$ MAESTRO	AUTH \$ AUTH \$.10	PIN DEBIT MONTHLY FEE \$ UPDBT 0 % + \$0	· · · · · · · · · · · · · · · · · · ·	CCEL 0 % + \$0 AUTH \$	10	
AFFN 0 %+ \$0	·	ALASKA 0 % + \$0	Аитн \$.10			ETS 0 % + \$) AUTH \$.10		
NYCE 0 %+ \$0		PULSE 0 %+ \$0	AUTH \$.10	SHAZAM 0 %+ \$0		TAR 0 % + \$0 AUTH \$ 1		
OTHER CARD 1	YPES EXISTING			•				
AMEX SE#(10 DIGITS):	PER AUTH: \$	EBT SE#(7 DIGITS): F	PER AUTH: \$	■ WEX (ADDITIONAL PAPERWORK R	EQ.)	
OTHER SE #:		PER AUTH: \$	OTHER SE#		PER AUTH: \$	☐ VOYAGER (ADDITIONAL PAPERWO	RK REQ.)	

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POINT	OF SALE (EQUIPMI	ENT OR S	OFTWARE)											
NETWOR			OTHER		PARTY INTE	GRATOR WILL BE US	SED FOR IMPLEME	NTATION:				Сомм	IUNICATION M	ETHOD (IP D	PEFAULT): DIAL
VAR S	ERVICE PROV	/IDER (HC	OSTED):		VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERS	SION:		
# OF TIE	Os:		TID TYPE	(OMNI ONLY):				# OF TIDS:		TID T\	PE (OMNI (ONLY):			
QTY	POS DESCR	IPTION		ITEM CODE	TID TYPE Omni Only	PRICE PER UNIT	MONTHLY FEI	E LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	ANNUAL FEE PER AUTH PURCHASE LEASE** EXISTING EXC					G EXCHANGE
1	VX520			VX520	ONLT	\$ 0.00	\$	(MONTHS)	\$	\$		1		•	
						\$	\$		\$	\$		-			
						\$	\$		\$	\$	_	-			
						\$	\$		\$	\$		-			
						\$	\$		\$	\$		1			
						\$	\$		\$	\$		1			
	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)														
				MPLETE THE SEC DAY AIR		v. Initials are rec		AVON BULLE	ONE TIME FEES						
Elavon ar		no responsi	ibility for, and s	shall have no liabili	ty to Compan	y in connection with, a	ny hardware or softwa	are, or any related	services, Company re				ding any sale,	warranty or e	end-user license
agreemer	nt) between Com	pany and a	third party, incl	luding any Value A	DESCRIP [*]	r, even if Elavon collec	cts fees or other amou		SETUP FEE	ANNUAL			ONTHLY FE	≣	ER AUTH FEE
H	ONAL POS							\$	-	\$		\$			-
SERVIC	ES:							\$		\$		\$		\$	
		l						· ·		Ψ.		SOFTW	VARE/WIRE	LESS	
	QTY POS DESCRIPT		DESCRIPTION		ITEM CODE	TID TYPE Omni Only	: М	ONTHLY RATE PER UNIT	Annual PER UN		Mon Fee F	PER S	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE	
RENTAI	L								\$	\$		\$	\$ \$		\$
EQUIPM	MENT:								\$	\$		\$	\$		\$
									\$			\$;	\$
									\$	\$		\$	\$;	\$
compa refurb the us Applic	ared to pur ished upor se of rental cation, belo	rchasing n return equipm ow.	g. Rental before be nent can b	equipment eing re-dep be found in	may be r loyed. Re the Equi _l	harged a \$200 new or used ar entals are mor pment Chapte	nd is dependent th to month a r of the Opera	ent on inver and may be ating Guide	tory available terminated at a link to the (at time of c	rder. A Comp	All use any. A	ed equipn Additiona	nent is in I provisi	spected and ons around
	AL (AUTO CLO			•	QUICK CL			STORE AND F		□NoS	SIGNATUR	E	☐ CONTA	CTLESS (+ N	NO SIGNATURE)
-	TAURANT (QUIC					ON (DEFAULT)		FINE DINING			FUNCTION			/-	
☐ CARI	NOT PRESEN	IT (AUTO C		•	QUICK CL			•	IICK CLOSE DEFAU	, _	CK STAY			•	
(Сиѕтом Р	PROMPTS:	ULT IN		L AUTO CLOSE (RTI		TIME ZONE REST)	CASH BACK PIN D		-	TOM FOOTER:	AITED /D-	\ - T	EUNOTION Coo	HED (PT: \	
LONGER DE	PLOYMENT TIMEFRAM G (DEFAULT =	ΛES)		TRAINING		INFORMATION: ACC			TACT NAME:	I TIP PUNCTION W	MILEK (KTL		-UNCTION CASI ACT PHONE #		
										inment Lu-	lorete = -				\DI E
comme made to also re unders equipm unders damag	XI understand that I am entering into amonth commercial equipment lease for credit-card processing equipment. I understand this is a NON-CANCELLABLE commercial equipment lease and that I will be required to make monthly payments of \$ under this lease for the entiremonth term, regardless of any representations made by the Sales Representative. Under amonth term with a monthly payments of \$, I understand the approximate total cost of the equipment lease to be \$, I also realize that I will have to pay applicable sales tax every month and, if I do not provide evidence of insurance, I will be charged an additional \$4.95monthly to cover equipment. I understand the equipment lease may be more expensive than purchasing the same equipment outright, and that I have had an opportunity to research the cost to purchase the same equipment outright. As an alternative to a lease, I understand I may purchase the equipment outright at the time of the lease application for the amount of \$, Finally, I understand that I will be personally responsible for making payments under this lease and that any failure to pay all amounts when due may result in additional charges, potential damage to my credit rating, and/or legal action against me to collect both past and future payments owed under the lease. The end of lease residual value is \$plus taxes if applicable.														
owed in to time.	accordance w A lease paym	vith the lea ent (wheth	ase, as applic ner paid by d	cable, by initiati lebit or other m	ng debit en eans) that is	n ("Lessor"), to auto tries to Company's s not honored by B n notice from Comp	account at the fir ank for any reaso	nancial institutio n will be subjec	n ("Bank") indicate	d hereon or suc	ch other fi	nancial	institution u	sed by Cor	npany from time
▶BANK	NAME:					▶ABA/Routii	NG #:			▶DDA A	ACCOUNT	#:			
	VENDOR CO						LEASE PLAN:								
REPO	RT Tools														
□мс	PONLY OF	3 □	MCP WITH	OCM M	ONTHLY FE	E \$	SET UP FEE \$	#	Users	SET UP TY	PE (CHE	CK ONE) 🗌 MID	☐ CHN	□ ENT
☐ ACS	3	Мо	NTHLY FEE	\$	SET UF	FEE \$	REMOTE	ID					-		

____Initials

ir.										
Substitute 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										
LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY	, C=C COR	RPORATION, S=S CORPORA	ation, F	P=PARTNERSHIP):	(IF LLC, P	LEASE INDICATE D, C,S or P)			
Legal Business Name*: Pampered Paws										
*Name (of business) as shown on your business income tax returns. For Sole Proprietors, this should always be the owner's name.										
LEGAL BUSINESS ADDRESS (NO PO BOX): 565 W F	opiar Ave			OI	R TIN (EMPLOYER ID #)	:				
	TE: TN	ZIP: 3	38017		TIN (SOCIAL SECURITY #):	347-3	2-5105			
COMPANY REPRESENTATIONS AND CERTIFICATIONS										
Company Representations and Certifications. By signing below, the applicant company ("Company") and its representative(s) represent and warrant to Elavon, ("Elavon or Membre" as applicable, with offices at 730 (Collectively, we' or 'us') that (i) all information provided in this company ("Company") and its representative(s) representative (s) application, and promopal partners, owners, or officers of Company and (i) 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 bringing the security of the service ("TOS) including when leasing equipment, and has had on opportunity to review such terms. The TOS contains a mandatory and bringing the security of the securi										
**The Internal Revenue Service does not require your colling Company Application, you hereby certify that to the best information provided about the beneficial owner(s) and/o	of your knowledge, the i r the individual with con	nformatior trol over th	n provided about you, the r ne legal entity customer is o	name an	nd address provided for the late and accurate.	egal entity	y customer, and the			
SIGNATURE: X Philip Benard Philip Benard (May 23, 2019)	PRINTED NAME: P	nilib Rei	пага		TITLE: Owner/Proprie		DATE: 05/23/2019			
SIGNATURE: X	PRINTED NAME:				TITLE: - Select One -		DATE:			
PERSONAL GUARANTY As a primary inducement to us to accept this Company Application, the undersigned Guarantor(s), by signing the Company Application, jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Company of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Company Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Company. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Company Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its										
SIGNATURE: X Philip Benard Philip Benard (May 23, 2019)	полочен ате пт сотпрпапсе		D NAME: Philip Benar	rd			DATE: 05/23/2019			
Philip Benard (May 23, 2019) SIGNATURE: X		PRINTE	D NAME:				DATE:			
	SU	BMITTED	BY (SALES USE ONLY)							
To the best of my knowledge, I certify that the information pro- provided by the Company's owner(s) or officer(s), as appropri	vided in this Company Ap		,	and is tr	rue, complete and accurate. I f	urther certi	ify that the signatures were			
SALES REP SIGNATURE: X Emily Karawad		mily Ka	rawadra	RE	:PID#: 41412		DATE: 05/23/2019			
REP PHONE #:	REP EMAIL: emily	•				ELAVON I	USA-MSP-ELV-1018			
· · · · · · · · · · · · · · · · · · ·	Girini	, empe	20.00111							

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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	sa when emelling to the value raded convect lided books,									
DBA NAME: Pampered Paws										
CONTACT NAME: Philip Benard	DBA PHONE #: 901-316-5909									
DBA ADDRESS 1 (NO PO Box): 565 W Poplar Ave	DBA ADDRESS 2:									
CITY: Collierville STATE: TN	ZIP CODE: 38017									
ELECTRONIC CHECK SERVICE	ZIP CODE: 30017									
	NECO MONTHLY MINIMINE C									
►ANNUAL CHECK VOLUME: \$ ►AVERAGE CHECK AMOUNT: \$ ► CCS- PAPER CHECK CONVERSION	►MAXIMUM CHECK AMOUNT: \$ ►ECS MONTHLY MINIMUM: \$									
PROCESSING OPTIONS:	GUARANTEE RATE: % PER TRANSACTION: \$									
☐ POP (POS IMAGE) ☐ ARC (POS IMAGE) ☐ CONVERSION WITH GUARANTEE										
□ BOC □ CONVERSION ONLY	ANSACTION: FER RETURN TRANSACTION: OCCLECTIONS									
ACH CHECK - CHECK NOT PRESENT (CNP)										
CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP	ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$ PER RETURN TRANSACTION: \$									
NDIVIDUAL 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 CONVERSION ONLY PER TRANSACTION: \$									
OTHER ECS CHECK CONVERSION SERVICES REQUESTED	<u> </u>									
☐ PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, ☐ NSF SERVICE FEE PROCESSIN	NG @ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE									
	☐ MAX ALLOWED OR ☐ SPECIFIED SERVICE FEE AMOUNT \$(STATE MAX IS DEFAULT) EE AMOUNT: ☐ \$15 (DEFAULT) OR ☐ SPECIFIED SERVICE FEE AMOUNT \$									
□ FNOURE REPORTING ACCESS: # OF USERS @ \$29.95 EACH	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 R										
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDA YES NO										
 WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OP ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PR 	PERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ROVIDED BY CUSTOMER)? THE NO.									
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? 5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION?										
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOI	MER 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: \$ □ BASIC GIFT (INDICATE CARD ORDER BELOW)	MONTHLY FEE (PER MID): \$ MONTHLY FEE (PER MID): \$									
CARD ORDER & RE-ORDERS:	MUNIALY FEE (PER MIU). 4									
CARD ORDER	CARD TYPE									
CARD QUANTITY PRICE	PROMOTIONAL QUANTITY									
□ CUSTOM \$	LOYALTY QUANTITY GIFT QUANTITY									
<u> </u>	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	:									
	©ELAVON.COM OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)									
IMPRINT:	man									
TEAL COST (SCIENT CIAL). IT THE COST IS OF THE COST	ase As Submitted									
	 									
										
										
 	 									
FANFARE NOTES										
OTHER VALUE ADDED SERVICES	DOO Dahata. 9/									
I I DYNAMIC CURRENCY CONVERSION (DCC):	CC Conversion Rate: % DCC Rebate: % ual DCC Registration Fee: \$ DCC Exchange Rate Source: US Bank									
HEALTHCARE: ☐ TRANSEND PAY RATE: 1.50%										
SIGNATURE (Signature below is only required when enrolling for the Value Adv										
, , , , , , , , , , , , , , , , , , ,	1 0 /									
BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED	DED, AGREES TO PAY THE FEES SET FORTH HEREIN.									
SIGNATURE NAME & TITLE	DATE									

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SALES WORKSHEET

DBA: Pampered Paws

ACCOUNT DESIGNATION											
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	Existing I	MID:		EXISTING CHAIN #:		LOCATION OF			
Portfolio Code:		FI:		AGENT:		BANK:	MSP SHO	RT NAME: MSIMPACT			
CLIENT GROUP #: 17	ROUP#: 17 ENTITY: 44928 REP#: 41412 AWB:				B:						
Onsite Inspection: I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE: BUSINESS LOCATED IN:								HER (DESCRIBE):			
PRINTED NAME: Emily	Karawadra			REP#: 41412			DATE: 0	5/23/2019			
SPECIAL INSTRUCTI	ONS			-			-				
CREDIT UNDERWRITING N	CREDIT UNDERWRITING NOTES:										
ADDRESS NOTES: Mailing Address Notes:	Mailing Address: Pampered Paws - Philip Benard 565 W Poplar Ave Collierville, TN 38017 Phone: 901-316-5909 Fax:										

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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 For	eign, Country of	Issuance:				
ner	If ID Type "Other"					· · · · · · · · · · · · · · · · · · ·						
Part	Other ID Type:		Other	ID#:			If Gov't Issued	d – ID Name:				
ner/	Address/Type: :		•			,	Phone #:					
NO.	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 matches the address on the Primary Identification Document above unless otherwise noted.											
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					Intermed	iary Contact Na	me				
<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:											
ner/F	Address/Type: :						Phone #:					
Ŏ	City:				State/Province	э:	Zip/Postal Code:					
Principal Information 3 (Owner/Partner/Officer)	Principal address matches the address on the Primary Identification Document above unless otherwise noted.											
matic	Previous Address if current address is less than 2 years: Address:											
for	City: State/Province: Zip/Postal Code:											
드	Country(s) of citizenship:											
ci ps	Intermediary Business Information											
į.	Intermediary Business Name						nediary Contact Name					
ъ.	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			14 🗆	Last Name:					
-	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>4</u> 0	Country(s) of citizenship:				•				,			
	Intermediary Business Information											
	Intermediary Business Name					Intermed	iary Contact Na	me				
	Intermediary Phone Number					Intermed	iary Email Addre	ess				

	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#:	If Fo	If Foreign, Country of Issuance:						
	If ID Type "Other"										
n 5 cer)	Other ID Type:		Othe	r ID#:		If Gov't Issued – ID Name:					
atio Offic	Address/Type: :				Phone #:						
oformation tner/Offic	City:			State/Province	e: Zip/Postal Code:		Code:				
Principal Information Owner/Partner/Office	Principal address matches the add otherwise noted.	rimary Ide	ınless	Secondary ID included if no address match							
ipa er/	Previous Address if current addres	s is less than	2 years: A	Address:							
rinc	City:		State/Province	te/Province: Zip/Postal Code:							
<u> </u>	Country(s) of citizenship:	Country(s) of citizenship:									
	Intermediary Business Information										
	Intermediary Business Name		Intermed	Intermediary Contact Name							
	Intermediary Phone Number				Intermed	diary Email Addr	ess				