NEW COMPANY APPLICATION

Company Information DBA NAME: Marcus Fairall	Bristol										
CONTACT NAME: David Marcus											
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRE	ss1 (No PO B	ox): 230	Thunderbird D	rive Suite (
DBA Address 2:		, 200									
◆City: El Paso				◆ STATE T	(♦ ZIP CODE:	700	12			
♦ COUNTRY OF PRIMARY BUSINESS OPERATIONS:	ΠSΔ			V 01/112 //	`	¥211 00BE.	199	12			
	USA					▲ DPA Buo	NE #	245 775	404	^	
◆Business Country of Formation: USA ◆DBA Phone #: 915-775-1040											
◆ EMAIL ADDRESS: dmarcus@marcfair.com DBA FAX #:											
YEAR ESTABLISHED: 1985 MOBILE PHONE #:											
◆LENGTH OF CURRENT OWNERSHIP: 34 YEAR	RS, 7	MONTHS									
CIP EXEMPTION:											
BENEFICIAL OWNER EXEMPTION: NON											
OTHER ADDRESS (IF DIFFERENT THAN											
☐ IMAILING ▲ SHIPPING ☐	SEE ALSO SI	PECIAL I NST	RUCTIONS (MO	RE THAN ONE OF							
LOCATION NAME: Marcus Fairall Bri	ISTOI				Р	HONE #: 915	-775-	·1040			
CONTACT: David Marcus			T		F.	AX #:	1				
Address: 230 Thunderbird Drive Suite	G		CITY: El Paso			STATE: TX ZIP CODE: 79912					2
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								<u>OR</u>		ONLINE CASE MANAG	EMENT (OCM)
CHARGEBACKS: MAIL TO: DBA MAILING A										ONLINE CASE MANAG	<u> </u>
PRINCIPAL 1 INFORMATION (INCLUDE								DIARY BUSIN	VESS) (ON THE ADDL OWNER	RSHIP FORM)
♦ ■ BENEFICIAL OWNER: PERCENTAGE OF				ED SIGNER		OLE PROPRIETOR	2				
◆ADDITIONAL BENEFICIAL OWNERS? NO ◆FIRST NAME: David	K RESPON				ı	IF OTHER: ST NAME: Marc					
	DOV): 440	MIDDLE			♦ LAS	SI NAME: IVIAIC	us				
◆ADDRESS TYPE: PRA ◆ADDRESS (NO PC	7BOX): 442			. 7:- /D	0	70040		40		10.4	
♦CITY: EI PAso				♦ ZIP/POSTAL	CODE:	CODE: 79912 ◆COUNTRY: USA					
◆DOB: 12/22/1952 PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAI	v 2 YFARS	♦US PEI	rson: Yes			▶PHONE#: 915-525-8545					
► HOME ADDRESS:	12 /2/110		▶CITY:				▶STA	TE:		▶ZIP CODE:	
►ID TYPE: SSN		▶ID#: ∠	455768687			▶IF OTHER	- ID Tyl	PE:			
▶IF OTHER ID #: ▶IF OTH	ER ID - COUN				▶IF O	THER GOVERNM	ENT ISS	UED - ID NA	AME:		
OTHER COMPANY INFORMATION											
♦ AVERAGE SALE AMOUNT: \$ 495					•	CARD PRESEN	т 100%	, D	Омм	NI COMMERCE (MUST	TOTAL 100%)
♦ HIGH SALE AMOUNT: \$ 5500						CARD NOT PR	ESENT	100%*	Car	D PRESENT	<u>100</u> %
◆ Number of High Sales (above) Annually: ∠						INTERNET 100	%*		Car	D NOT PRESENT*	%
◆TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 13500						☐ OMNI COMMERCE			INTE	RNET*	%
◆Annual Revenue: \$ 160000					▶I	INTERNET : PROD	DUCT WI	EBSITE:			
♦INDUSTRY TYPE: RE											
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: CPA ►INTERNET: "CONTACT US" EMAIL:											
SPECIAL PROGRAM MCC ONLY: 8931 *CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW) BELOW			
WHEN DOES THE CUSTOMER RECEIVE THE PRODUC IF NOT SAME DAY,# OF DAYS (INCLUDE SH	IIPPING TIME F	FRAME) T	ime of service		▶I	►CUSTOMER SERVICE PHONE #: ►PREVIOUS PROCESSOR:					
IF SEASONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BELONG ☐ FEBRUARY	•	MER MUST C	ONTACT CUSTOMER	SERVICE TO D	EACTIVA	_	ATE AC May	COUNT)		☐ JUNE	
□ July □ August		☐ SEPTEM	1BER	П Остове	R	_	Nove	MBER		П Десемвея	

____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	STER C ARD/	AMEX/Union	Pay/Discover*	DISC VER MasterCo	UnionPay VISA	RETAIL RESTAURANT LODGING SUPERMARKET	MO/TO / INTERNET ARU OMNI COMMERCE (TIERED & EICP ONLY)		
🔣 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	0.05						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: ELECTRONIC PAPER	OR	
DIFFERENTIAL	1	VISA	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES			
DI 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: \$			

3

Point of Sale (Equipment or Software)															
	ELAVON		OTHER SNT	_	PARTY INTI	EGRATOR WILL BE US	SED FOR IMPLEME	NTATION:				Сомм	IUNICATION M	ETHOD (IP D	DEFAULT): DIAL
VAR SERVICE	Provider	R (Ho	STED): US	SA ePay	VAR	(DISTRIBUTED):	VENDOR:		PRODUCT:			VERS	SION:		
# OF TIDS: 1			TID TYPE	(OMNI ONLY):				# OF TIDS:		TID TY	PE (OMNI (ONLY):			
	DESCRIPTIO	DN		ITEM CODE	TID TYPI OMNI ONLY	PRICE PER UNIT	MONTHLY FEI	LEASE** TERM	ANNUAL FEE PER UNIT	AL PED		LEASE**	EXISTIN	G EXCHANGE	
		\$ \$				\$	(MONTHS)	\$	\$		1			\vdash	
						\$		\$	\$						
						\$	\$		\$	\$					
						\$	\$		\$	\$]			
						\$	\$		\$	\$]			
						\$	\$		\$	\$]			
SURCHARGES CREDIT CARD SURCHARGING IS PROHIBITED IN THE FOLLOWING STATES: CO, CT, KS, MA, ME AND OK 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 2 2 ND 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: \$ \$															
SERVICES.								\$	\$ \$			\$			
	'										<u> </u>	Softv	VARE/WIRE	LESS	
	G	QTY POS DESCRIPTION			ITEM CODE	TID TYPE Omni Only		NTHLY RATE PER UNIT	ANNUAL PER UN		Mon Fee I	PER S	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE	
RENTAL								;	\$		\$		\$		\$
EQUIPMENT:								;	\$	\$		\$	\$)	\$
								;	\$	\$		\$	\$)	\$
								;	\$	\$	\$		4	;	\$
compared to refurbished the use of re	Rentals cancelled within the first 24 months will be charged a \$200 restocking fee. Rentals may result in paying more for the equipment over time as compared to purchasing. Rental equipment may be new or used and is dependent on inventory available at time of order. All used equipment is inspected and refurbished upon return before being re-deployed. Rentals are month to month and may be terminated at any time by Company. Additional provisions around the use of rental equipment can be found in the Equipment Chapter of the Operating Guide: a link to the Operating Guide can be found in Section 5 of this Application, below.														
RETAIL (AUTO					Quick C			STORE AND FO		□ No S	SIGNATURI	E	☐ CONTA	CTLESS (+ N	NO SIGNATURE)
RESTAURANT	(QUICK C	LOSE [DEFAULT)	Т	IP FUNCTI	ON (DEFAULT)		FINE DINING		□ТАВ	FUNCTION	1		,	
CARD NOT P		ито Сі		_	QUICK C	LOSE 000 _{TIME ZONE} Cent			CK CLOSE DEFAU	•	CK STAY				
CUSTOM PROMP (CUSTOM PROMPTS CO	ULD RESULT IN			,	—	(REST) CLERK PRO			. ,	TOM FOOTER:	AITER (RTL) 🗖 Tip l	Function Cas	HER (RTL)	
TRAINING (DEFA		FRAINII	NG): 🔲 T	FRAINING	PHONE	INFORMATION: ACC	CESS #:	CONT	ACT NAME:			CONTA	ACT PHONE :	t:	
TRAINING (DEFAULT = NO TRAINING): TRAINING PHONE INFORMATION: ACCESS #: CONTACT NAME: CONTACT PHONE #: X I understand that I am entering into a -month 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 entire -month term, regardless of any representations made by the Sales Representative. Under a -month 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 accorda to time. A lease	ance with the payment (he leas whethe	se, as applic er paid by de	able, by initiati ebit or other me	ng debit er eans) that i	on ("Lessor"), to auto ntries to Company's is not honored by Ba en notice from Comp	account at the fir ank for any reason	ancial institution n will be subject	("Bank") indicated	d hereon or suc	ch other fi	nancial	institution u	sed by Cor	npany from time
▶BANK NAME: ▶ABA/ROUTING #:															
LADCO VENDO	R CODE:						LEASE PLAN:								
REPORT TO	OLS														
☐ MCP ONLY	OR		MCP WITH (OCM M	ONTHLY FI	EE \$	SET UP FEE \$	#	Users	SET UP TY	PE (CHE	CK ONE) 🗌 MID	☐ CHN	□ ENT
☐ ACS		Mon	NTHLY FEE	\$	SET U	P FEE \$	Rемоте	D							

Our results 5 - 2 - 2 - 2											
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											
	·		,				LEASE INDICATE D, C,S OR P)				
LEGAL BUSINESS NAME*: Marcus Fairall Bristol 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	TE: TX	ZIP: 7	79912		TIN (SOCIAL SECURITY #):					
_	COMPANY REPRESENTATIONS AND CERTIFICATIONS										
the busi	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. The signature by an authorized representative of Company on the Company Application, or the											
Compan Agreeme Guide in https://w and http	Under penalties of perjury, Company certries that: 1. The number shown on this Company Application is my correct taxpayer identification number 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/CWRWeb/pdf/MOS_Eng.pdf , respectively. If Company 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										
does not have access to view the TOS or Operating Guide at our website please contact our customer service center to obtain a copy and review prior to signing this document. Notwithstanding any 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											
terminat Compan Guide.	ion of processing services. Capitalized terms shall, up y Application, have the same meaning ascribed to the same meaning ascribed t	nless otherwise defined in em in the TOS and Opera	this ting	Application), in addition to terms of the TOS. By sign Payment Device, Company	ees to the Acceptance Program with an American Express® n Express® Transactions to,						
help the requires person of documer our access individual other off other batthe access person of the document	'ANT INFORMATION ABOUT PROCEDURES FOR government fight the funding of terrorism and mone all financial institutions to obtain, verify, and record in who opens an account. This means we will ask for cents to allow us to identify you. Company and its repreparance of this Company Application and from time to all and business history and background of Company cicers, partners, proprietors, and/or owners of Compackground investigation reports on each of them that explance and continuation of this Company Application or credit reporting agency to compile information to a hat information to us.	laundering activities, Fed formation that identifies e rtain information and ident assentative(s) authorize us time thereafter, to investig each such representative ny, and to obtain credit repve consider necessary to re. Company also authorize	Elavon to provide Company's contact information to American Express, and Company ag American Express may use and share such contact information for its business purposes by applicable Laws, including to communicate with Company regarding products, service available to Company's business. American Express's use of the email address and mob provided above is subject to the consent to such use as indicated in Section 1 of this Cor consts or eview any time by contacting our customer service center. Even if consent is withdrawn, Company is and to without cause, without affecting Company's rights and obligations pursuant this Agreement. Company acknowledges that, if at any time Company is no longer qualities.				d Company agrees that ness purposes and as permitted ducts, services, and resources less and mobile phone number n 1 of this Company Application. nications may be withdrawn at drawn, Company may still int from American Express. press® Payment Devices at any ons pursuant to the remainder of				
This Cor constitut Compan accompl	mpany Application may be signed in one or more concern an original and all of which, taken together, shall on y Application. Delivery of executed counterparts of the ished by a facsimile transmission, and a signed faction shall constitute a signed original.	onstitute one and the same is Company Application m	in the Acceptance Program, which ne Company's acceptance of A terminated. Company acknown pany Agreement, solely with resp			n, Company may be enrolled in the standard American Express® card h may have different terms and conditions than the Acceptance Program, and American Express® Payment Devices pursuant to this Agreement will be nowledges that American Express is an intended third-party beneficiary of this pect to the terms and conditions applicable to Company's acceptance of ent Devices, and that American Express has the right to enforce such terms and Commany.					
**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										
be disch understa benefit f	As a primary inducement to us to accept this Comp guarantee the continuing full and faithful performar with Leased Equipment, if applicable) pursuant to 1 ceed directly against Guarantor(s) without first exhat arged or affected by the death of the Guarantors, wi and that the inducement to us to accept this Compar rom the guaranty. The undersigned hereby directs a es, successors or assigns and agrees that all parties	ce and payment by Compa ne Company Application a sting our remedies agains bind all heirs, administrat y Application is consideration ny consumer reporting age	any of each nd Agreem t any other ors, represi ion for the g ency to furn	n of its duties and obligations to ent, as may be amended from person or entity responsible to entatives and assigns and ma guaranty and that this guarant ish a consumer credit report to	to us (ir n time to therefor ay be er ty rema	cluding, without limitation, Chargebacks to time, with or without notice. Guarantor(see to them or any security held by us or for for be benefit of any of our ns in full force and effect even if the Guar	and obligations in connection s) understand further that we ompany. This guarantee will not successors. Guarantor(s) rantor(s) receive no additional				
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: /9912											
ELECTRONIC CHECK SERVICE												
i l	► MAXIMUM CHECK AMOUNT: \$ ► ECS MONTHLY MINIMUM: \$											
PROCESSING OPTIONS:	0 0 0											
POP (POS IMAGE)	ARANTEE RATE: % PER TRANSACTION: \$											
□ ARC (POS IMAGE) □ CONVERSION W/ VERIFICATION OR PER TRAN □ BOC □ CONVERSION ONLY	SACTION: \$ PER RETURN TRANSACTION: \$ COLLECTIONS											
ACH CHECK - CHECK NOT PRESENT (CNP)												
PROCESSING OPTIONS: CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP	ACH-ECHECK WITH VERIFICATION PER TRANSACTION: \$											
NDIVIDUAL ENROLLMENT (CHOOSE ONE)	PER RETURN TRANSACTION: \$											
TEL/IVR - TELEPHONE INITIATED CCD - CORPORATE TO CORPORATE	ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$ PER RETURN TRANSACTION: \$											
CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP OTHER ECS CHECK CONVERSION SERVICES REQUESTED	PER RETURN TRANSACTION. 9											
	@ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE											
INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE NSF SERVICE FEE AMOUNT:	MAX ALLOWED OR 🔲 SPECIFIED SERVICE FEE AMOUNT \$ (STATE MAX IS DEFAULT)											
☐ ENQUIRE REPORTING ACCESS: # OF USERS @ \$29.95 EACH SPECIFY NSE RESUBMISSION ATTE	AMOUNT: \$\bigs_15 (DEFAULT) OR \$\subseteq \text{ Specified Service Fee AMOUNT \$\bigs\\ EMPTS: \$\subseteq 0 \text{ OR } \subseteq 1 \text{ OR } (2 IS THE DEFAULT)											
PER MONTH ACH CHECK QUESTIONNAIRE												
1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT												
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE YES NO	E WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR INWRITING FOR PPD)?											
	ATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME,											
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS?	_											
 WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER 												
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) BASIC GIFT (INDICATE CARD ORDER BELOW)	MONTHLY FEE (PER MID): \$											
CARD ORDER & RE-ORDERS:	MONTHLY FEE (PER MID): \$											
CARD ORDER	CARD TYPE											
CARD QUANTITY PRICE	PROMOTIONAL QUANTITY											
\$	LOYALTY QUANTITY											
STANDARD\$ (STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CL	GIFT QUANTITY JISTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)											
ADDITIONAL OPTIONS:	Of the Office and State of the America of State											
☐ Max Card Value \$ (Default \$1000)												
STATE AND LOCAL TAXES MAY BE APP	LIED TO FEES BILLED FOR FANFARE											
STANDARD CARD ORDER DETAILS												
CARD STYLE: TEXT COLOR: JUSTIFICATION: ☐ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED												
	AVON.COM OR TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)											
IMPRINT: ◆FONT (SELECT ONE): ☐ Arial ☐ & Stuck Script ☐ Times New Roman ◆Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower cas												
TIEN CODE (SCIENT ONL). I THE CODE I OTTEN ONLE I SONOT CODE	AS Subfinited											
	 											
	 											
	+++++++++++++++++++++++++++++++++++++++											
	 											
FANFARE NOTES												
OTHER VALUE ADDED SERVICES	C ' Deter 9/ DOC Behater 9/											
DYNAMIC CURRENCY CONVERSION (DCC): DCC Conversion Rate: % Annual DCC Registration Fee: \$ DCC Exchange Rate Source: US Bank												
HEALTHCARE: ☐ TRANSEND PAY RATE: 1.50%	PAYMENT LIMIT \$											
SIGNATURE (Signature below is only required when enrolling for the Value Adde	d 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												

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SALES WORKSHEET

DBA: Marcus Fairall Bristol

ACCOUNT DESIGNATION										
■ NEW LOCATION	☐ ADDITIONAL L	OCATION	EXISTING I	MID:		EXISTING CHAIN #:			LOCATION OF	
PORTFOLIO CODE:		FI:		AGENT:		BANK: MS		P SHORT	TNAME: 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							r (describe): 7/17/2019			
PRINTED NAME: MOTGE SPECIAL INSTRUCTION							-			
	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 For	If Foreign, 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 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.										
natic	Previous Address if current address	is less thar	2 years: A	ddress:							
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	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	oreign, 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	э:	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 matches 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	Intermediary Business Information									
į.	Intermediary Business Name				diary 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			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	vince: 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	☐ Benefici	al Owner:	☐ Authori	zed Signer	☐ PG Only [Intermediar	y Business	Responsible Party	
	First Name:		Middle N	ame:		Last Name:				
	DOB:	ID Type:		ID#: If Foreign, Country of Issuance:						
	If ID Type "Other"									
n 5 cer)	Other ID Type:		Othe		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.	ress on the F	rimary Ide	entification Doc	ument above ι	ınless	☐ Seconda	dary 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:									
	Intermediary Business Information									
	Intermediary Business Name		Intermed	Intermediary Contact Name						
	Intermediary Phone Number		Intermed	Intermediary Email Address						