

PCSA-3576-009 Sales Office Phone: 877-251-0778

FAX:

Μ	IERCHANT PRO	OCESSING AP	PLICATION AND AGRE		(Page 1 of		
		COMPLETE	SECTIONS (1-9)				
lerchant #				Loc.	<u>1</u> of <u>1</u>		
PCS2105 (ia) lient's Business Name (Doing Business As):		(1) TELL US AE	SOUT YOUR BUSINESS Client's Corporate/Legal Name (Use Als)	- For Hoodquarters' Information)	PCS2105 (ia		
Better Rx			Better Rx LLC				
usiness Address: 00 Chickasaw Ridge Dr Ste 25			Billing Address (If Different Than Location A 200 Chickasaw Ridge Dr Ste 2	ddress): 25			
ity: Dakland	State TN	Zip 38060	City: Oakland	State TN	Zip 38060		
ocation Phone #:	Location Fax #:	100000	Contact Name:		30000		
01-290-0428 usiness E-mail Address:			Robert Contact Phone #:	Self Contact Fax #:			
fice@betterx.co			901-290-0428				
usiness Website Address: /w.betterx.co			Contact E-mail Address:				
end Dispute Documentation to:	Business Address	E-Mail	SIC/MCC 5912				
atement Type: (check one) 🔲 De	etail 🕅 Summary Sta	tement Delivery Metho	d: <i>(check one)</i> 🔲 E-Mail		Online 🔲 Print and		
lling to be processed 🛛 🗌 Mo	onthly 🗌 Daily						
your business is classified as High Risk and gistration is required with Visa and/or Maste \$1,000). Failure to register could result in fi Registration for MCC7841 is only required for Non-F	Card within 30 days from wh ines in excess of \$10.000 for	hen your accounts becomes violating Visa and or Master	activity) any of the following Merchant Catego active. An Annual Registration fee of \$500 may Card regulations. MCC's, is subject to change	ory's Codes (MCC): 4814, 4816, 4 y apply for Visa and/or MasterCa	5966, 5967, 7273, and 784 rd (total registration fees cc		
	(2) M C / V I S A /		NORK FULL SERVICE / AMERICA	N EXPRESS			
our Total Monthly Cash and Credit Sales:		\$ <u>12000.00</u>	Your Total Monthly Cash and Credit Sa		\$		
timated MC/Visa Average Ticket / Sales /	Amount:	<u>\$</u> 25.00	Total Monthly MC/Visa Volume: (For All	Outlets)	\$		
onthly MC/Visa Vol. for this Outlet:		\$		lume (For All Outlets):	\$		
timated High Ticket Amount:		<u>\$ 600.00</u>	Estimated American Express Monthly	Sales Volume (For All Outlets)	: \$		
timated American Express Monthly Sale	s Volume for this Outlet:	\$	Estimated Discover Average Ticket for this Outlet: \$				
timated American Express Average Tick	et for this Outlet:	\$	Estimated Discover Monthly Sales Volume for this Outlet\$				
	ume: \$ ume: \$ Direct SE #)	work systems and rules will proc *Tax exempt Voyager WEX Non-Full Sv (Existing Account #)	Existing Discover Retained	□ MC Fleet			
Voyager Fleet* Annual Voyager Vol WEX Full Acquiring Annual WEX Vol Non-Lic. JCB (EDC)	Uume: \$ uume: \$ Direct SE #) 	work systems and rules will prov *Tax exempt Voyager WEX Non-Full Sv (Existing Account #) Franchise Name: EBT FNS # (XREF): (4) PROVIDE M	ess and govern JCB Transactions. Select Discover Cards accepted: Yes No c or Wex Crossroads Existing Discover Retained Other: Other: EBT CAS DRE BUSINESS DATA	☐ MC Fleet			
Voyager Fleet* Annual Voyager Vol WEX Full Acquiring Annual WEX Vol Non-Lic. JCB (EDC)	ume: \$ ume: \$ Direct SE #) Direct SE #) Direct SE #) U D6 _1 Come tarted: [2] Si	work systems and rules will prov *Tax exempt Voyager WEX Non-Full Sv (Existing Account #) Franchise Name: EBT FNS # (XREF): (4) PROVIDE Mi ole Ownership 🖸 Parti	ess and govern JCB Transactions. Select Discover Cards accepted: Yes No c or Wex Crossroads Existing Discover Retained Other: EBT CAS DRE BUSINESS DATA hership I Non Profit/Tax Exempt I	MC Fleet SE # SE #: H Public Corp. Private			
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Voyager Fleet* Annual Voyager Void WEX Full Acquiring Annual WEX Vold Non-Lic. JCB (EDC)	ume: \$ ume: \$ Direct SE #) Direct SE #)	work systems and rules will prov *Tax exempt Voyager WEX Non-Full Sv (Existing Account #) Franchise Name: (4) PROVIDE Mill ole Ownership I Part 125 holding of merchant func Federal Tax roduct/Services You Se % + Mail Order/Dire rdholder data? Yes or processing Card Tra (5) DESCRIBE E	tess and govern JCB Transactions. Select Discover Cards accepted: Yes No c or Wex Crossroads Existing Discover Retained Other: EBT CAS DRE BUSINESS DATA hership I Non Profit/Tax Exempt I Ing per IRS regulations (See Part IV A.4 or ID#: (as it appears on your SS 4 form) Fill: Pharmacy fill: Pharmacy fill: Pharmacy fill: Non (Examples include, but not limited to w Insactions or Authorization Requests COUIPMENT DETAILS	MC Fleet MC Fleet SE # SE #: Public Corp. ⊡ Private D&B #: D&B #: D&B #: f your Program Guide for fur Crtify that I am a for (If checked, please a rder% + Internet web hosting companies, Electronic E ::	Corp. I L.L.C. G ther information.) preign entity/nonresident ttach IRS Form W-8.) et % = 100% Data Capture, Loyalty program		
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Voyager Fleet* Annual Voyager Void WEX Full Acquiring Annual WEX Vold Non-Lic. JCB (EDC)	ume: \$ ume: \$ Direct SE #) Direct SE #) Direct SE #) Direct SE #) Direct SE #) Etarted: SI Solution Sector	work systems and rules will prov *Tax exempt Voyager WEX Non-Full Sv (Existing Account #) Franchise Name: EBT FNS # (XREF): (4) PROVIDE Mi ole Ownership I Parti 125 Tholding of merchant funct Federal Tax roduct/Services You Se % + Mail Order/Dire rdholder data? I Yes or processing Card Tra (5) DESCRIBE BuyPass I Retail • Restaurant •MO Lodging • Supermarket Quick Service Restaur R Re MOTO/I L S R Re MOTO/I L S age (Nashvi	ess and govern JCB Transactions. Select Discover Cards accepted: Yes No c or Wex Crossroads	MC Fleet MC Fleet SE #	Corp. 🖸 L.L.C. 🗊 G ther information.) preign entity/nonresident titach IRS Form W-8.) et % = 100% Data Capture, Loyalty program ty Code: () tomer-Owned luipment ersion/ Serial #		

Page 1 of 5 Petroleum Card Services is a registered ISO of Wells Fargo Bank, N.A., Concord, CA All trademarks, service marks and trade names referenced in this material are the property of their respective owners.



Owner/Partner/Officer Name:

Home Address:

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 2 of (6) P ROV I D E YOUR OWNER INFORMATION PCS2105 (ia) Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business Owner/Partner/Officer Name: Social Security #: Home Phone: D.O.B: Title: % of Ownership Self Owner 03/19/1959 424-80-7892 901-290-0428 100 Robert City: Somerville Owner's E-Mail Address (Required for Click to Agree) Home Address: State: Zip: 38068 3795 Lagrange Rd office@betterx.co ΤN **Owner/Partner/Officer Name:** D.O.B: Social Security #: Home Phone: Title: % of Ownership City: Home Address: State: Zip: Owner's E-Mail Address (Required for Click to Agree) **Owner/Partner/Officer Name:** D.O.B: Social Security #: Home Phone: Title: % of Ownership Home Address: City: State: Owner's E-Mail Address (Required for Click to Agree) Zip:

Social Security #:

State:

Home Phone:

Zip:

Title:

Owner's E-Mail Address (Required for Click to Agree)

% of Ownership

D.O.B:

City:

Controlling Position Robert Se	elf		D.O.B: 03/19/1959		I Security #: 80-7892		Home Phone 901-290-04		Title: Owner	% of Ownership 100
Home Address: 3795 Lagrange Rd			erville		State: TN	Zip: 3806		office	s E-Mail Address (Requ @betterx.co	ired for Click to Agree)
		(7) FL	AT RATE / I	C PLU	S / TIER PR	CING	SCHEDULE			
Start-Up Fees (One-Ti	me Charge)		Autho	orizati	on and AVS	Fees			Other Fee	s
Non-Taxable Fees:			Auth Fee					Early Terr	mination Fee	\$
Application Fee (Non-Refundable)) (247) \$			J34, U3R	, 03V, 03W, 03X	, 03Y)	»	Annual M	embership Fee	(294) \$ 99.00
Account Validation Fee (One-time fee charged at time of boardir	(182) \$		Auth Fee	044, 04R	, 04V, 04W, 04X	, 04Y)	\$	Chargeba		5, 725, 20L) <u>\$ 25.00</u>
Reprogramming Fee	(31A) \$	Disc	over/JCB Au	th Fee				Retrieval		(262) \$ 15.00
Debit Set-up Fee	(31B) \$	(070,	071, 072, 073, 0	074, 071,	07V, 07W, 07X,			Batch Set	tlement Fee	(227) <u>\$0.02</u>
		1)84, 08V	, 08W, 08X, 08Y)	▶	EBT Purc	hase/ Return	(029) \$
Billed Monthly F			ex Auth Fee	064 061	06V, 06W, 06X,	001/1	\$ 0.10	Visa/ MC/	Disc Access Fee (24	41, 197, 526) \$
Monthly Service Fee	(335) \$					001)	\$ <u>0.10</u>	Amex Acc	cess Fee	(26E)%
Minimum Processing Fee	(953) \$	MC/	Visa /Discove		k Voice AVS 079, 03A, 04A	064)	. e	Visa Auth	Processing Fee (Cred	lit) (04H) \$
Wireless Access Fee Per TID	(60J) \$							Visa Auth	Processing Fee (Deb	t) (04J) \$
Monthly ClientLine® Fee	(32R) \$	MC/			Xoice Auth F 6, 037, 045, 04			NABU Fee	e	60M, 0B4) \$
eIDS Monthly Fee	(29E) \$, (065, 06	6, 067, 075 07	6, 077) \$_1.95_	TransArm	or Txn Fee	(12E) \$
Regulatory Product Fee	(351) \$ 8.00	AVS	Fee (405, 406	6, 407, 40	08, 435, 07A, 07E	3, 07C)	\$ <u>0.02</u>	ACH Reje		(401) \$
Monthly Statement Fee	(323) \$ 6.00							NonFretu	rn of Equipment Fee	\$
TIN/TFN Blank or Invalid Fee	(181) \$			Fleet	Card Fees			Other		\$
(as applicable) Merchant Supply Advantage	(413) \$			Author	rization Fees					·
Network Access Fee – Debit	(420) \$	Voya			(0D0, 0D1, 0 (0D4, 0B1, 0			Dev	vaaru Cataway Cla	hal Cataway of
TranArmor Service Fee	(30L) \$)ther P	ayment Fees:				/eezy Gateway– Glo	
Gateway Fee	(417) \$	Voy	-		aymont i eco.	-			Set-up Fee Per TID	(40B) \$
-	(31J) \$		s Discount F	ee	(7	766) _	%		Monthly Fee Per TID	(40A) \$
Misc. Fee:	(31J) \$	Wric	ht Express			. –		Payeezy	Transaction Fee	(OFC) \$
Enhanced Security	Package		s Discount F	ee (8	340, 841, 842,					
Enhanced Security Pkg Monthly*			ieval Fee			(291) \$			Mobile Pa	ay
Enhanced Security Pkg Annual*	440.00		rgeback Fee	da	(2	:ອຕ) ຈ		Wireless	Comm Monthly Fee	(60J) \$
*Billing to start 2 months after contract date.	() <u>a · · · · · · · · · · · · · · · · · · </u>		wire Microno Monthly Fee) (354) \$		Wireless	Transaction Fee	(434) \$

Interchange fees will be passed through if applicable: MC Acq. CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq. Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor-Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq. Base II Credit voucher fee credit , Debit, Svc Interreg Fee Debit, Svc Intereg, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual pmts product; Discover Int'I Proc Fee, Int'I Svc Fee, Data Usg Fee.

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard, Visa, or Discover plus a MasterCard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .13% or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (MasterCard Assessment Fee (237) when transaction is equal to \$1,000 or more will be accessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$		Discount (Based on Gross Sales Vol.)		Discount (Based on Gross Sales Vol.)		Discount (Based on Gros Sales Vol.)	55	Discount (Based on Gross Sales Vol.)
(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788) American Express	MC Qual Credit (800)	0.250 %	Visa Qual Credit (804)	0.250 %	Discover Qual Credit (170)	0.250	American Express Qual Credit (164)	0.250_%
Sales Credit Transaction Fee \$ (013, 014)	MC Qual Non Pin Debit (850)	0.250 %	Visa Qual Non- Pin Debit (854)	0.250_%	Discover Qual Non-Pin Debit (964)	0.250	% American Express Program Cost (3AL)	%
Bundled PIN Debit (191, Key 0-593) \$ OR	Unbundled PIN (018) \$	Debit– Txn Fee	Unbundled I (Key 190, 590, 5	PIN Debit Discour 593)% (p	It Fee lus the applicable networ	12	ebit PIN Debit ecline Transaction Fee	(42R) \$



MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 3 of 5)

DBA Name Better Rx									
PCS2105 (ia)					TIER PRICING S	CHEDULE (cont'd			PCS2105 (ia)
	D	iscount Fee	Transaction F	ee			Discount Fee		Transaction Fee
MC Qualified Credit	(8	300)%			Visa Non-Qualified Non-Pin Debit		(864)	%	(154, 155) \$
MC Mid– Qualified Credit	3)	810)%	· · /· -		Discover Qualified Credit		(170)	%	(015, 016) \$
MC Non-Qualified Credit	3)	320)%	· · · · -		Discover Mid–Qualifie	ed Credit	(990)	%	(717, 718) \$
MC Qualified Non-Pin Debit	3)	350)%	,		Discover Non–Qualifi	ed Credit	(994)	%	(721, 722) \$
MC Mid– Qualified Non Pin Debit	3)	870)%	, _		Discover Qualified No	on-Pin Debit	(964)	%	(787, 788) \$
MC Non-Qualified Non-Pin Debit	(8	380)%	(150, 151) \$_		Discover Mid–Qualifie	ed Non-Pin Debit	(968)	%	(791, 792) \$
Visa Qualified Credit	(8	804)%	(005, 006) \$_		Discover Non–Qualifi	ed Non-Pin Debit	(978)	%	(795, 796) \$
Visa Mid– Qualified Credit	(8	814)%	(615, 616) \$_		American Express Qu	alified Credit	(164)	%	(013, 014) \$
Visa Non-Qualified Credit	(8	824)%			American Express Mi	d–Qualified Credit	(81C)	%	(62T, 62U) \$
Visa Qualified Non– Pin Debit	(8	854)%	(134, 135) \$_		American Express No	on-Qualified Credit	(82A)	%	(65S, 65T) \$
Visa Mid Qualified Non-Pin Debit	(8	874)%	(144, 145) \$_		American Express Pr	ogram Cost	(3AL)	%	
Flat Rate	Disco		Transation For				Discount		Topposition For
	Disco		Transaction Fee				Discount		Transaction Fee
MC Qual Credit MC Qual Non-Pin Debit	(800) (850)	% %	(001, 002) \$		Discover Qual Credit	Debit	(170)%		(015, 016) \$ (787, 788) \$
Visa Qual Credit	(804)	%	(005, 006) \$		American Express Qua		(164)%		(013, 014) \$
Visa Qual Non-Pin Debit	(854)	%	(134, 135) \$		American Express Pro		(3AL)%		(010, 011) ¢
Trd Dues & Assessments		Non-Qualified	Surcharge Fee		hange pass-through	ees, see Section 19.1)			
(273,274,234, 237,286,27L)	Billback	Applies to Non-	qualified MC, Visa	& Discover Credi	it and/or Non-PIN Deb	it Transactions.	(30D)		%
Accept all MasterCard, Visa and Dis					sed On Gross Sale	es Volume)			
See Section 1.9 of the Program Guide above, you must continue to accept all the resulting transaction will down grad	foreign i	issued cards, whether (redit or Non-PIN Deb	it. If you agree to lin Non-Qualified Sur cl	ishing Credit from Non-P nit your acceptance to a harge (See Section 18.1	PayPal Credit transact IN Debit Cards. Even if you particular type of card and, of the Program Guide).	I have agreed to limit yo	our accept in error, a	tance of certain cards as outlined accept another type of trans action,
First/Last Contact Name at B	Bank:			BANKING	Phone Nur				
Routing Number: 08430)433	37			^{88A:} 10	168109			
the services, Operating Procedures, Third Party Ågreements and a Confirmation Page, and merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provi- sions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IOM are also available for viewing and/or downloading from the internet at: http:// uww.pcs4fuel.com. Client acknowledges and agrees that we, our affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contract at the telephone number (s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event the Client is unable to be reached, even if the number provided is a cellular or wireless number or if client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions in accordance with the percentages indicated in that Section. By signing below, each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to obtin subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted . Each of the undersigned furthermore agrees that all references, including banks and consumer reports and our third party subcontractors and/or agents to be undersigned authorizes us and our third party subcontractors and/or agents to business credit financial information to us and our Affiliates and our third party subcontractors and/or agents to botin subsequent consumer reports in connection with the may release any and all personal and business credit financial information on									
X Signature			,		1/2010	(Processor): Petr	oleum Card Serv	ices	
Print Name Robert		Self		Date:	+/2019 	X Signature (Bank): Wells Far	ao Bark NA		
Title: Pres. V.P. D	lembe	er L.L.C. 🔲 Own	er 🗌 Partner	Other:		. ,	• ·		
Signature Print Name Date:									
Title: Pres. V.P. N	lembe	er L.L.C. 🔲 Own	er 🔲 Partner	Other:					
PCS1712 (ia) In exchange for Petroleum Car acceptance of the Agreement, the event of default, hereby wa Guaranty of payment and not o the Agreement.	the un ives no	dersigned uncondi otice of default and	ata Merchant Ser tionally guarantee agrees to indem	rvices LLC and es performance unify the other pa	of the Client's oblig arties for any and a	N.A.'s (a member of N ations under the Agre I amounts due from 0	eement, and paym Client under the A	ent of a greemer	Il sums due there under, and i nt. I understand that this is a

Signature (Please sign below):

X Robert Self (electronic signature obtained on 11/14/2019 at 3:52:01 PM) , an individual

Signature (Please sign below):

x __Signature_Guarantor_02__

_, an individual

MADOS	
PCS PETROLEUM CARD SERVICES	Ν

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 4 of 5)

Bank Code: Merchant ID:		BuyPass Merch	BuyPass Merchant #:			
DBA NAME Better Rx				24 (C	haracters)	
PCS2105 (ia)	BANKING INFORMA	TION (REQUIRED)			PCS2105 (ia)	
First/Last Contact Name at Bank:		Phone Number:				
АВА #: 084304337	dda #: 10168109					
	CHECKLIST IN	IFORMATION				
Sales Support ID: Sales Rep. ID #:	Print S	ales Rep. Name:				
HIERARCHY: Bank:						
Corp. :	Chain:			BuyPass FIID:		
	CLIENT VI	SITATION				
□ Visit Not Required (Lic. Professional)	8. Time Zone (required):		15. Your	Previous Processor:		
1. Zone: □ Business District □ Industrial □ Residential	9. Approx. Square Footage: □ 0-250 □ 251-500	□ 501-2,000 □ 2,001+				
2. Location: □ Mall □ Shopping Area □ Isolated □ Office □ Apartment □ Home	10. # of Employees:		16. Your Previous Merchant #:			
□ Other:	11. # of Registers:		17. Checl	Reason for Changing	1:	
3. Seasonal: □ No □ Yes, Mos. in Operation: Mos. Open Between to			🗆 Ra	te 🗆 Service 🗖	Terminated	
4. External Facility Description (# of Levels/Floors):	☐ Full Refund ☐ Exch 13. Do you have a refund po		□ Otl	her:		
□ 1 □ 2-4 □ 5-10 □ 11 plus				18. D & B #:		
5. Merchant Occupies:	In yes, check one. 19. Do You Have Previous Processo □ Exchange □ Store Credit □ Refund Cardholder If MC/ Visa/Discover Credit, within how many MC/ Visa/Discover Statements? days do you submit credit transactions? 20. Are customers required to leave □ 0-3 -4-7 -8-14 Over 14 days					
6. Remaining Floor (s) Occupied by:					-	
7. Advertising Name Displayed:	14. Proper License Visible (Liquor, Tax ID, etc.): ☐ Yes ☐ No, explain:			If Yes, % of deposit required:% Time Frame for Delivery: Days		
Comments to Credit Officer (40 Characters):						
Statement Recap Information: (check one) 01 = Out	Iet D 02 = Stmt to Bill To/		s Strat (No	Stmt) 🗆 08 - Bro	duce Recap, No Stmt	
•	to Address/Stmt and Recap	□ 10 = Recap to	•	•	duce Necap, No Sunt	
Statement Type: (check one) 🛛 Detail 🗖 Summary	St	atement Delivery Method: <i>(ch</i>	eck one)	🗆 E-Mail 🛛 Onlin	e 🛛 Print and Mail	
Statement E-Mail Address:						
ON YOUR BUSINESS ACCOUNT CHECKING STATE	EMENT ROLLUP: (check one)				
0 = Each Transfer 1 = Debit/Credit Grou	ped (By Category)	2 = Net Transfer Amount O	nly	□ ³ = Net Transfe	r EOM Fee Combined	
	PROCESSING I	NFORMATION				
1. Processing mode: 🗆 EDC: 🗖 ECR	2. Funding will be proc	essed DAILY via: 🛛 ACH	⊡Banl	kwire		
3. Bank will fund: Outlet Head Office	4. # of Plates: (will b	LongShort e shipped by ISO)	5. Fi	re Safety Act: □ Yes	□ No	
6. Ship Equipment and Welcome Packet to (will be shippe ☐ Outlet ☐ Head Office ☐ Other, give mailing		No Welcome Packet and Supp	plies	□ No Welcome Packe	t	
Name:		First/Last Contact Name:				
Address:		City:		State:	Zip:	



PETROLEUM CARD SERVICES MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 5 of 5)

Tip Adjustment

DBA Name Better Rx	Merchant ID:						
PCS2105 (ia)	PROCESING INFORM	PROCESING INFORMATION (cont'd)					
7. Additional Terminal Features: (Check all the	hat apply to ensure timely terminal programn	ning)					
Auto Settle Time hh ET	□ QSR-CR/SMT (Convenience/Small Ticket)	Partial Approval	Terminal Feat	ures: (Cont'o	Ŋ		
(military) □ Bar Tab	QSR Print Option	Purchase w/Balance Return		Key	Password		
□ Clerk /Server Entry	Invoice Number	Standalone Balance Inquiry		Disable	or Protect		
Debit Cash Back	□ Multi-Trans (PC/Register/Software only)	Amex Prepaid Program Preference (Choose One):	Credits				
Delayed Ship Date:	No Server/ Ticket ID	Partial Auth	Voids				
□ Dial Prefix: □ Dial 9 □ Other:	Remove Room # Prompt	☐ Balance Back	Forces				
□ Dial Suffix:	. □ Remove Ticket # Prompt	□ Other	Reviews				
	🗆 Retail Gas		Bal /Settle				
If IP	Retail With Tip	PINPad:	Auth Only				
(List Current Provider)	_ □ Ship Method (Overnight)	TDES Encryption	•				
		DUKPT	Reports	_			

Access Code # _____

□ E-Mail Address:

Comments:

(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

□ Tip % Option

Verify Amount Prompt

Mail / Telephone Orc	ler / Business to Business / Internet Information (All Questions must be Answered)
1. What % of total sales represent business to business (vs business to consumer):	Business to Business% + Business to Consumer% = 100% (total sales)
2. What % of bankcard sales represent business to business (vs business to consumer):	Business to Business% + Business to Consumer% = 100% (bankcard sales)
3. What is the time frame from transaction to delivery? (% of orders delivered in):	0-7 days% + 8-14 days% + 15-30 days% + over 30 days% = 100%
4. MC/ Visa /Discover sales are deposited (check one): 🗳 Date	e of order 🗳 Date of delivery 🖾 Other (specify):
5. Who performs product / service fulfillment?	☑Vendor
Name:	Phone:
Address:	City: State: Zip:
Please describe how the transaction works, from order taking to	o merchant fulfillment (attach additional sheet if necessary) :

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)?