NEW COMPANY APPLICATION

COMPANY INFORMATION • DBA NAME: Kalb Equipment Inc											
<u></u>											
CONTACT NAME: John Kalb											
◆DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO PO E	30x): 4900	Old Summer	Rd								
DBA Address 2:											
◆CITY: Memphis			♦ STATE TN	1	♦ ZIP CODE:	381	22				
◆COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA											
◆Business Country of Formation: USA					◆DBA PHONE #: 901-761-1300						
◆EMAIL ADDRESS: info@kalbequipment.com					DBA FAX #:	901-	761-136	64			
YEAR ESTABLISHED: 1974					Мовісе Рно	NE #:					
◆LENGTH OF CURRENT OWNERSHIP: 45 YEARS, 0	MONTHS										
CIP EXEMPTION:											
BENEFICIAL OWNER EXEMPTION: NON											
OTHER ADDRESS (IF DIFFERENT THAN ABOVE)					-						
2 ☐ Mailing X Shipping ☐ See also S	SPECIAL INST	RUCTIONS (MC	ORE THAN ONE OP	TION MA	AY BE SELECTED)						
LOCATION NAME: Kalb Equipment Inc				F	PHONE #: 901	-761-	1300				
Contact: John Kalb				F	Ax #: 901-7	61-13	364				
ADDRESS: 4900 Old Summer Rd		Сіту: Memph	is			STA	re: TN		ZIP CODE: 3812	:2	
STATEMENTS/ RETRIEVALS / CHARGEBACKS		-				L		•			
STATEMENTS:			AUTO SEN	D: 🔲 `	YES 🗌 No (CHAII	V COMF	PANIES ONLY	'— MUS	ST INCLUDE CHAIN SET	T UP FORM)	
RETRIEVALS: MAIL TO: DBA MAILING OR FAX TO: DBA MAILING OR EMAIL TO: OR								емент (ОСМ)			
Chargebacks: Mail To: DBA Mailing and Fax To	o: 🖸 DBA	☐ MAILING <u>OR</u> E	MAIL TO:				<u>OR</u>		ONLINE CASE MANAG	емент (ОСМ)	
PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITION OF THE PROPERTY	IONAL OWNE	RS WITH 25 % OR G	REATER OWNER	RSHIP (I	INDIVIDUAL OR IN	ERMEL	DIARY BUSIN	vess) c	ON THE ADDL OWNER	SHIP FORM)	
◆ ■ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP	<u>100</u> %	AUTHORIZ	ZED SIGNER	□s	OLE PROPRIETOR						
◆Additional Beneficial Owners? NO ■ Respon	ISIBLE PART	Y TITLE: OP			IF OTHER:						
♦FIRST NAME: John	►MIDDLE	NAME:		♦LA	ST NAME: Kalb						
◆ADDRESS TYPE: PRA ◆ADDRESS (NO PO BOX): 530	1						1				
◆CITY: Memphis	♦ STATE/	PROVINCE: TN	♦ ZIP/POSTAL	CODE	CODE: 38103 ◆COUNTRY: USA						
◆DOB: 02/22/1967	♦US PER	RSON: Yes			▶PHONE #: 901-761-1300						
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS HOME ADDRESS:		▶CITY:				▶STA	TF.		▶ZIP CODE:		
►ID TYPE: SSN	▶ID#: ∠	113884834			▶IF OTHER-				, 2 0052.		
► IF OTHER ID #: ► IF OTHER ID - COUN				▶ IF C	OTHER GOVERNME			ME.			
OTHER COMPANY INFORMATION		7.11021		7 •			025 15 11				
♦ AVERAGE SALE AMOUNT: \$ 100					CARD PRESEN	г 100%	,	Оми	II COMMERCE (MUST	TOTAL 100%)	
♦ HIGH SALE AMOUNT: \$ 12000					CARD NOT PRE	SENT	100%*	Cari	D PRESENT	<u>85</u> %	
♦ Number of High Sales (above) Annually: 4					☐ INTERNET 100	%*		CAR	D NOT PRESENT*	<u>15</u> %	
◆TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES	s:\$ 6250	0			OMNI COMME	RCE		INTE	RNET*	%	
♦ANNUAL REVENUE:\$ 300000				•	INTERNET : PROD	UCT W	EBSITE: W	ww.k	albequipment.co	m	
◆INDUSTRY TYPE: RE											
◆ Description of product/services offered: Tractors	and Mov	vers		•	INTERNET: "CON	гаст U	S" EMAIL: i	nfo@l	kalbequipment.co	om	
SPECIAL PROGRAM MCC ONLY: 5261B				*	*Customer Service Phone # and Previous Processor Required Below						
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE IF NOT SAME DAY,# OF DAYS (INCLUDE SHIPPING TIME	_{FRAME)} D	ate of Transa		•	► CUSTOMER SERVICE PHONE #: 901-761-1500 ► PREVIOUS PROCESSOR:						
IF SEASONAL, PLEASE CHECK MONTHS <u>CLOSED</u> BELOW. <i>(CUSTO</i> ☐ JANUARY ☐ FEBRUARY	MER MUST C	ONTACT CUSTOMER	R SERVICE TO DI APRIL	EACTIV	_	ATE AC May	COUNT)	_	JUNE		
☐ JULY ☐ AUGUST	SEPTEM	BER	Остовея	R	_	Nove	MBER		☐ DECEMBER		

____Initials 2 USA-MSP-ELV-0319

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)											
◆ DEPOSIT BANK NAME FIRST TENNESSEE BANK	◆ABA/ROUTING #:084000026	◆ DDA ACCOUNT #: 182444319									
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA Account #:									
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:									
TAPE ID (OPT): 3	☐ Fast Track Funding										

CARD ACCEPTAN	ICE (PLEASE CHECK EA	ACH CARD YOU WISH TO A	CCEPT.)		PRICING CATEGORY						
DISCOVER MASTER CARRIAMEN / INION PLAY/DISCOVER MASTER CARRIAMEN DISCOVER DE MASTER D											
☐ ALL VISA/MAST	TERCARD/AMEX/UNION	Pay/Discover*	T. S. C. C.	THE IX	_	ARU					
					LODGING	OMNI COMMERCE (TIERED & EICP ONLY)					
X VISA CREDIT X VI	ISA DEBIT 🛣 MASTERCARD C	REDIT MASTERCARD DEBIT	M DISCOVER* □ UN	IIONPAY X AMEX	SUPERMARKET	(TIERED & EIGF ONLY)					
PRICING INFORMA	ATION				-	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	SS INSTALLATION/TRAINING	\$				
☐ ENHANCED IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	(\$) RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM	RETURN ITEM FEE/NSF (PER OCCUR)	\$				
QUALIFIED	%+ \$	%+ \$	%+ \$	%+ \$	%+ \$	ACCOUNT MAINTENANCE	\$20				
MID QUALIFIED	%+ \$	%+ \$	%+\$	%+\$	%+\$		\$25				
NON QUALIFIED	%+ \$	%+ \$	%+ \$	%+\$	%+\$	ANNUAL FEE START DATE:	\$				
OTHER TIER	☐ CHECK CARD (<i>T-opt</i> /EIC	C-req) SPRMKT (T-opt/E	EIC-NA) □ QPS	S/SMALL TKT <i>(T-opt/EIC-NA)</i>	%+\$	MONTHLY MINIMUM	\$				
REWARDS TIER (T-opt / EIC-reg)	<u></u> %+ \$	MONTHLY SERVICE FEE	\$10.00								
COMMERCIAL	0/ 4	۵, ۵	۵, ۵	۵, ۵	۰, ۰	OTHER: Next Day Funding	\$5.000				
CARD TIER (T-opt /EIC-req)	%+ \$	%+ \$	%+\$	%+ \$	%+\$	OTHER:	\$0.000				
PASS THRU:	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRES	SS OTHER:	\$0.000				
OR IC PLUS	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	M (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	(\$) OTHER:	\$0.000				
MARKUP	<u>.07</u> _{% + \$ 0.060}	<u>.07 _{%+ \$} 0.0</u> 60	.07 _{%+\$} 0	.060%+\$	<u>.35 _{%+\$}0.1</u>	STATEMENT: ELECTRONIC (PAPER	OR				
П	VISA	MASTERCARD	DISCOVER*	UnionPay	AMERICAN EXPRES						
DIFFERENTIAL	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITE	M (\$) RATE (%) + PER ITEM (\$	RATE (%) + PER ITEM	(\$) MONETARY PROGRAM:					
QUALIFIED	%+ \$	%+ \$	%+\$	%+ \$	%+ \$	AUTH PROGRAM: 49101					
NON QUALIFIED	%+ \$	%+ \$	%+\$	%+ \$	%+ \$	- EQUIPMENT: 59999	FOURDMENT: 50000				
		**Pa\	PAL ACCEPTANCE A	*Discover includes JCB, D		MISCELLANEOUS: 59999	* MISCELLANEOUS: 59999				
AUTHORIZATIONS (P	ER OCCURRENCE)					SAFE T SERVICES BUNDLE					
VISA	\$ 0.000	UNIONPAY	\$ 0.000	Voice Auth Touch Tone	\$ 1.950	Assoc Compliance					
MasterCard	\$ 0.000	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED		☐SAFE T SILVER					
DISCOVER	\$ <u>0.000</u>	DIAL COMMUNICATION	\$ <u>0.000</u>	VOICE - WITH AVS	\$ <u>2.2</u>	☐SAFE T GOLD	\$8.50				
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						•					
	. ,	ASS THROUGH (ICPLS) 🗆 SU	•	E) AUTH: PASS THROU	GH (INTERCHANGE PLUS I	MARKUP) 🗆 FIXED (FLAT RATE)					
APPLY RATE TO ALL	NETWORKS: RATE (%) + PE	R ITEM (\$)% + \$		PIN DEBIT MONTHLY FEE \$							
INTERLINK <u>.05</u> %	+ \$ <u>.06</u> AUTH \$ <u>0</u>	MAESTRO <u>.05</u> % + \$.00	<u>6</u> Аитн \$ <u>0</u>	UPDBT <u>.05</u> % + \$ <u>.06</u>	AUTH \$ <u>0</u>	ACCEL <u>.05% + \$.06</u> AUTH \$ <u>.</u>	0				
	06 AUTH \$ 0	ALASKA <u>.0</u> 5% + \$ <u>.06</u>	AUTH \$ <u>0</u>	CU24 <u>.05</u> % + \$ <u>.06</u>	AUTH \$ 0	NETS <u>.05</u> % + \$ <u>.06</u> AUTH \$ <u>0</u>					
NYCE <u>.05</u> % + \$.0	06 AUTH \$ 0	PULSE <u>.0</u> 5% + \$.06	Аитн \$ <u>0</u>	SHAZAM <u>.05</u> % + \$.06	AUTH \$ <u>0</u> :	STAR .05% + \$.06 AUTH \$ 0					
OTHER CARD T	YPES EXISTING										
AMEX SE # (1	0 DIGITS):	PER AUTH: \$	EBT SE#(7 DIGITS): F	PER AUTH: \$	■ WEX (ADDITIONAL PAPERWORK RE	Q.)				
OTHER SF #		PER AUTH: \$	OTHER SE#	· p	PER AUTH: \$	☐ VOYAGER (ADDITIONAL PAPERWOR	K REQ.)				

POIN	r of Sale (I	EQUIPME	ENT OR SOFTWA	ARE)												
NETWO	RK: ELAV	on \square	OTHER .	A THIRD PA	RTY INTEG	RATOR WILL BE US	ED FOR IMPLEMEN	NTATION:	;				Сомм	IUNICATION MI	ETHOD (IP D	EFAULT): 🗖 DIAL
VAR S	SERVICE PROV	IDER (HC	STED):		VAR (I	DISTRIBUTED):	VENDOR:			PRODUCT:			VERS	SION:		
# OF TI	Ds:		TID TYPE (OMNI C	ONLY):				# OF TI	Ds:		TID TY	PE (OMNI (ONLY):			
QTY	POS DESCR	SCRIPTION ITEM CODE TID TYPE OMNI ONLY UNIT PER UNIT						E TE	ASE** RM ONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCH		LEASE**	EXISTIN	G EXCHANGE
1	VX520	ONLY						(101	OIVIIIO)	\$	\$]		•	
		\$ \$								\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
						\$	\$			\$	\$]			
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)																
			MUST COMPLETE													
Elavon a	TURDAY DELIV and Member have	no responsi	☐ NEXT DAY A bility for, and shall have	e no liability to	o Company	DAY AIR in connection with, an	y hardware or softwa	are, or any	related serv	rices, Company re	ceives under a dire	ect agreem	ent (inclu	iding any sale,	warranty or e	end-user license
agreeme	ent) between Com	pany and a	third party, including ar		ed Servicer, DESCRIPTI		ts fees or other amou	ints from (h respect to such i	ANNUAL			ONTHLY FEE	. P	ER AUTH FEE
	ONAL POS								\$		\$		\$		\$	
SERVI	JES:								\$		\$		\$		\$	
													Softv	VARE /W IRE	LESS	
QTY POS DE			POS Descr	EIPTION		ITEM CODE TID 1		E		THLY RATE R UNIT	ANNUAL PER UN		Mon Fee I UN	THLY SI	ETUP/ IM CARD EE PER UNIT	PER AUTH FEE
RENTA	L								\$		\$		\$	\$		\$
EQUIP	MENT:								\$		\$ 9		\$	\$		\$
									\$		\$		\$		i	\$
									\$		\$		\$	\$	i	\$
comp refurb the u Appli	pared to pur pished upor se of rental cation, belo	rchasing n return equipm w.	n the first 24 mg. Rental equip before being r nent can be fou	oment ma re-deploy und in the	ay be ne /ed. Rei e Equip	ew or used an ntals are mon ment Chaptel	nd is dependent th to month a r of the Opera	ent on and ma ating C	inventor ay be ter Guide: a	ry available rminated at link to the (at time of o any time by	rder. A Comp	All use any. i	ed equipn Additiona	nent is in I provisio	spected and ons around
	AIL (AUTO CLO		•		QUICK CLC				E AND FORV	,	□ No S	GNATUR	E	☐ CONTAC	CTLESS (+ N	IO SIGNATURE)
	TAURANT (QUIC					N (DEFAULT)		FINE		. O D		FUNCTION	1			
	M PROMPTS:	ii (AUfO C	LOSE DEFAULT) TERMINAL AUTO C		QUICK CLC IOTO) 18:00	DSE D TIME ZONE <u>Cen</u> t				AX) CUST	LT) QUIC	- YAIG N				
(CUSTOM LONGER D	PROMPTS COULD RES EPLOYMENT TIMEFRAN	MES)				EST) CLERK PRO		E SECURIT			TIP FUNCTION W	AITER (RTL				
	•		<u> </u>			IFORMATION: ACC			CONTAC					ACT PHONE #		
TRAINING (DEFAULT = NO TRAINING): TRAINING PHONE INFORMATION: ACCESS#: CONTACT NAME: CONTACT PHONE #: XI 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 to time	n accordance w A lease paym	vith the lea ent (wheth	ovon, through its La use, as applicable, the per paid by debit or a effect until Lessor	by initiating other mear	debit entri	ies to Company's not honored by Ba	account at the fin ank for any reasor	ancial ir n will be	stitution ("I	Bank") indicated	d hereon or suc	h other fi	nancial	institution u	sed by Cor	npany from time
▶BANK	NAME:					►ABA/Routin	IG #:				▶DDA A	CCOUNT	#:			
LADCO	VENDOR CO	DE:					LEASE PLAN:									
REPO	RT TOOLS															
□мс	PONLY OF	<u> </u>	MCP WITH OCM	Mon	ITHLY FEE	-	SET UP FEE \$		# Us	SERS	SET UP TY	PE (CHE	CK ONE) MID	☐ CHN	□ ENT
☐ AC	S	Мо	NTHLY FEE \$		SET UP	FEE \$	R ЕМОТЕ I	ID								

____Initials

SOLE PROPRIETOR C CORPORATION S CORPORATION PARTNERSHIP UNINCORPORATED ASSOCIATION PUBLIC CORPORATION												
TAY EVENDT ODGANIZATION (INCLUDE DOGIMENTS THAT SUDDODT EVENDT STATIC). TO COVEDNMENT TO TOUR TO STATE TO DOMATE CORROSTION	SUBSTITUTE FORM W-9 Sole Proprietor G 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 CORPORATION, S=S CORPORATION, P=PARTNERSHIP): (IF LLC, PLEASE INDICATE D, C,S or P)												
LEGAL BUSINESS NAME*: Kalb Equipment Inc												
*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): 4900 Old Summer Rd or TIN (Employer ID #): 62-0926497												
COMPANY REPRESENTATIONS AND CERTIFICATIONS Company Representations and Certifications. By signing below the applicant. Company understands that an authorization code is not a guarantee of acceptance or navment or												
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 In this company application ("Company Application") is true and complete and properly reflects In this company application ("Company Application") is true and complete and properly reflects 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 PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) of account approval. Any company that has not validated PCI DSS compliance within ninety (90) of account approval.	ys after											
provisions of this Company Application and the Agreement. Further, by signing below, Company account approval, or in subsequent years on or before the anniversary date of account approval, and its representative(s) agree that Company is subject to the terms and conditions set forth in charged a monthly non-compliance fee of \$59.99 until Elavon is provided with validation of PCI D	vill be											
the Terms of Service ("TOS"), including when leasing equipment, and has had an opportunity to review such terms. <i>The TOS contains a mandatory and binding arbitration provision that</i>	ccount											
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 transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the	ımber											
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 2. I am not subject to backup withholding because: (a) I am exempt from backup withhold	ng, or (b)											
Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf 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 not	ied me											
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 3. I am a U.S. citizen or other U.S. person.**												
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	orting is											
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 American Express Acceptance Program (Acceptance Program). If Company has elected to acceptance of the Payment Networks, and understands that failure to comply will result in	t											
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 Application), in addition to all other terms of this Agreement, Company agrees to the Acceptance terms of the TOS. By signing below or by accepting a Transaction initiated with an American Exp												
Guide. Payment Device, Company expressly authorizes Elavon to submit American Express® Transactiand to receive settlement funds from, American Express on Company's behalf. Company further	ns 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 by applicable Laws, including to communicate with Company regarding products, services, and re	sources											
our acceptance of this Company Application and from time to time thereafter, to investigate the provided above is subject to the consent to such use as indicated in Section 1 of this Company Application and from time to time thereafter, to investigate the	plication.											
other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or any time by contacting our customer service center. Even if consent is withdrawn, Company may	still											
the acceptance and continuation of this Company Application. Company also authorizes any Company or Elavon may terminate Company's acceptance of American Express® Payment Dev	es at any											
person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us. time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company's rights and obligations pursuant to the re time, with or without cause, without affecting Company is not longer qualified to pursuant to the rection of t												
in the Acceptance Program, Company may be enrolled in the standard American Express® Card 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's acceptance of American Express® Payment Devices pursuant to this Agreement will												
Company Application. Delivery of executed counterparts of this Company Application may be terminated. Company acknowledges that American Express is an intended third-party beneficiar	of this											
accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Agreement, solely with respect to the terms and conditions applicable to Company's acceptance American Express® Payment Devices, and that American Express has the right to enforce such												
conditions directly against Company. * By signing this document below you are agreeing on behalf of the Company to a mandatory binding arbitration provision set forth in the TOS and expressly incorporated herein.												
**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. In addition, by signi Company Application, you hereby certify that to the best of your knowledge, the information provided about you, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.	g this											
SIGNATURE: X john kalb PRINTED NAME: John Kalb TITLE: Owner DATE: 10/25/20	19											
SIGNATURE: X john kalb (Oct 25, 2019) 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 quarantee 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 con	action											
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 t	at 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 our company. This guarant 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. Guaranto 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 ac	s)											
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 of												
designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act. SIGNATURE: X PRINTED NAME: DATE:												
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	ere											
provided by the Company's owner(s) or officer(s), as appropriate.												
SALES REP SIGNATURE: X Morgan withee PRINTED NAME: Morgan Withee REP ID #: 42192 DATE: 10/25/2	019											
REP PHONE #: REP EMAIL: morgan@impactpays.com ELAVON USA-MSP-ELV-1018												

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: Kalb Equipment Inc													
DBA ADDRESS 1 (NO PO BOX): 4900 Old Summer Rd DBA ADDRESS 2:													
CITY: Memphis STATE: TN	ZIP CODE: 38122												
ELECTRONIC CHECK SERVICE													
►ANNUAL CHECK VOLUME: \$ ►AVERAGE CHECK AMOUNT: \$	AXIMUM CHECK AMOUNT: \$ ►ECS MONTHLY MINIMUM: \$												
ECS- PAPER CHECK CONVERSION													
PROCESSING OPTIONS: ☐ POP (POS IMAGE) ☐ CONVERSION WITH GUARANTEE GU	ARANTEE RATE: % PER TRANSACTION: \$												
☐ ARC (POS IMAGE) ☐ CONVERSION W/ VERIFICATION <u>Or</u> PER TRAN	ISACTION: \$ PER RETURN TRANSACTION: \$												
BOC CONVERSION ONLY ACH CHECK - CHECK NOT PRESENT (CNP)													
PROCESSING OPTIONS:													
CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP NDIVIDUAL ENROLLMENT (CHOOSE ONE)	PER RETURN TRANSACTION: \$												
□ WEB – INTERNET INITIATED □ PPD – PREARRANGED PAYMENT □	ACH-ECHECK CONVERSION ONLY PER TRANSACTION: \$												
☐ TEL/IVR – TELEPHONE INITIATED ☐ CCD – CORPORATE TO CORPORATE CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP	PER RETURN TRANSACTION: \$												
OTHER ECS CHECK CONVERSION SERVICES REQUESTED													
	@ \$2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE												
SERVICE) ACH ECHECK NSE SERVICE FEE	MAX ALLOWED OR Specified Service Fee Amount \$(STATE MAX IS DEFAULT) AMOUNT: \$\int_{\text{\$\}\$}\exittitt{\$\text{\$\text{\$\text{\$\}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex												
	EMPTS: 0 OR 1 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 REN													
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANC YES IN NO													
 WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPER. ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROV 	ATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, IDED BY CUSTOMER)? THE TO NO.												
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? EXISTING NEW													
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 CUSTOME!													
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 ORDER CARD QUANTITY PRICE	PROMOTIONAL QUANTITY												
\$	LOYALTY QUANTITY												
STANDARD\$	GIFT QUANTITY												
(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CO	ISTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)												
ADDITIONAL OPTIONS:													
MAX CARD VALUE \$ (DEFAULT \$1000) ***STATE AND LOCAL TAXES MAY BE APP	PI IFD TO FFFS BILLED FOR FANFARE***												
STANDARD CARD ORDER DETAILS	TELD TOTAL DELLE . S												
CARD STYLE: TEXT COLOR:													
JUSTIFICATION: ☐ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED													
	AVON.COM OR TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)												
MPRINT: ◆FONT (SELECT ONE): ☐ Arial ☐ Stude Script ☐ Times New Roman ◆Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower cas													
	 												
	 												
	 												
	 												
FANFARE NOTES													
OTHER VALUE ADDED SERVICES													
DCC DYNAMIC CURRENCY CONVERSION (DCC):	Conversion Rate: % DCC Rebate: %												
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	ed Services listed on this page.)												
By signing below, Company warrants the truthfulness and accuracy of the information provided	O, AGREES TO PAY THE FEES SET FORTH HEREIN.												
SIGNATURE NAME & TITLE	DATE												

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SALES WORKSHEET

DBA: Kalb Equipment Inc

ACCOUNT DESIGNATION												
■ NEW LOCATION	☐ ADDITIONAL L	_OCATION	EXISTING N	MID:	EXISTING C	CHAIN #:		LOCATION OF 1				
PORTFOLIO CODE:	PORTFOLIO CODE: FI: AGENT:			BANK:		MSP Shor	RT NAME: MSIMPACT					
CLIENT GROUP #: 17	CLIENT GROUP #: 17 ENTITY: 44928 R				REP#:	42192		AWB	3:			
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 Merchant 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 Person Met with:												
PRINTED NAME: MOTG	an Withee			REP#: 42192		DATE: 10/14/2019						
SPECIAL INSTRUCTI	ONS							-				
CREDIT UNDERWRITING N	NOTES:											
ADDRESS NOTES: Mailing Address: Kalb Equipment Inc - John Kalb 4900 Old Summer Rd Memphis, TN 38122 Phone: 901-761-1300 Fax: 901-761-1364 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	reign, Country of Issuance:						
ner	If ID Type "Other"					· · · · · · · · · · · · · · · · · · ·							
Part	Other ID Type: Other ID#: If Gov't Issued – 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 otherwise noted.	☐ Seconda	ary ID included if no address match										
natic	Previous Address if current address is less than 2 years: Address:												
forr	ty: 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: Other ID#: If Gov't Issued – ID Name:												
ner/F	Address/Type: :					Phone #:							
Ŏ	City:					State/Province	State/Province: 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	e/Province	<u> </u>		Zip/Postal Code:				
드	Country(s) of citizenship:	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:	laaaaa.					
-	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	ee: 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	☐ Beneficia	al Owner:	☐ Authori	zed Signer	☐ PG Only [Intermediar	y Business	Responsible Party	
	First Name:	Middle N	ame:		Last Name:					
	DOB:	ID Type:		ID#:	If Fo	reign, Country of	f Issuance:			
	If ID Type "Other"									
n 5 cer)	Other ID Type:	Othe		If Gov't Issue	d – ID Name:					
atio Offic	Address/Type: :				Phone #:					
oformation tner/Offic	City:		State/Province	e:	Code:					
Principal Information Owner/Partner/Office	Principal address matches the add otherwise noted.	rimary Ide	ument above ι	e unless 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:									
	Intermediary Business Information									
	Intermediary Business Name		Intermed	Intermediary Contact Name						
	Intermediary Phone Number				Intermed	diary Email Addr	ess			