

Front Cover Sheet

Business (DBA): Flour Bluff A/C & Heating
 Contact First Name: Douglas
 Contact Last Name: LeSturgeon
 Business Address: 2526 Tulane Drive
 City: Flour Bluff State: Tx. Zip: 78418
 Business Phone #: 361-937-2583
 Rep Number: 41411

CHECKLIST (All listed documents must be enclosed in application package, unless otherwise indicated)

Retail Face-to Face Company

- Complete Company Application – Signed application reflecting the current ownership.
- PG (Personal Guarantee) or Business Financials – Anytime a PG is signed, a SSN is required.
 - o If a PG is not obtained – Most current year 3rd Party (reviewed or audited) Financial Statements**. If financials are not prepared by a 3rd Party, Financial Statements must be accompanied with the same years Federal Income Tax Return
 - o Exception – Furniture companies must provide 2 years 3rd Party prepared Financial Statements.

- Complete Company Application Sales Worksheet (1 page)

Business Verification – If the Onsite Inspection is not completed **one** of the following is required. The DBA and/or Corporation name must match the document used for documentary validation.

Commonly Used Documents

- "Certified" Articles of Incorporation;
- Signed Operating Agreement;
- Government Issued Business License;
- Signed Partnership Agreement;
- Signed Limited Partnership Agreement;
- Signed Limited Liability Company Agreement;
- Signed Articles of Organization;

Alternate Acceptable Documents

- Evidence of the public listing or annual report of the entity - For a publicly traded company
- Signed Trust Instrument;
- Signed Letter of Testamentary;
- Signed Letter of Executorship;
- Signed Articles of Association; or
- Other Corporate AML Approved Documents.

Additional Requirements for Card Not Present Companies

- o 3 months of CURRENT processing statements if currently processing

Additional Requirements for Internet Companies

- o Same Additional Requirements as Card Not Present company
- o Internet Requirements
 - o Company's name must be displayed on the website
 - o Clear posting of the company's Customer Service Telephone Number / email address
 - o Refund/Return policy
 - o Delivery methods and timing
 - o Privacy policy
 - o Products/Service prices listed
 - o Secure Checkout page
 - o Domain registered to company (in US/Canada only)

Additional Requirements for a Non-Profit Company

- o Proof of tax exempt status (501-C3)

** Business Financial Require – Balance Sheet, Income Statement, Statement of Cash Flow & Financial Notes.

NEW COMPANY APPLICATION

1 COMPANY INFORMATION			
◆DBA NAME: Flour Bluff A/C & Heating			
CORPORATE NAME (IF DIFFERENT THAN ABOVE):			
CONTACT NAME: Douglas LeSturgeon		◆DBA PHONE #: (361)937-2583	
◆DBA ADDRESS 1 (NO PO BOX): 2526 Tulane Drive		DBA FAX #: (361)937-3468	
DBA ADDRESS 2: .		YEAR ESTABLISHED: 2005	
◆CITY: Flour Bluff	◆STATE: Tx	◆ZIP CODE: 78418	◆LENGTH OF CURRENT OWNERSHIP: 12 YEARS MONTHS
◆BUSINESS COUNTRY OF ORIGIN (HEADQUARTERED): USA			
▶GEOGRAPHY FOOTPRINT (ALL COUNTRIES LICENSED TO DO BUSINESS): USA,			
◆BUSINESS SCOPE OF OPERATIONS (TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA): 1			
◆EMAIL ADDRESS: FlourBluffACHeating@yahoo.com		MOBILE PHONE #:	
2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)			
<input type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
DBA NAME:		PHONE #:	
CONTACT:		FAX #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN COMPANIES ONLY - MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO: <input type="checkbox"/> OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)			
CHARGEBACKS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX TO: <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO: <input type="checkbox"/> OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)			
3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP ON THE ADDITIONAL OWNERSHIP FORM)			
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 100 %		<input type="checkbox"/> AUTHORIZED SIGNER	
		<input checked="" type="checkbox"/> RESPONSIBLE PARTY	
◆FIRST NAME: Douglas	◆MIDDLE NAME: Todd	◆LAST NAME: LeSturgeon	◆SSN#: 453394730
◆HOME ADDRESS: 2526 Tulane Drive		◆DOB: 9/10/60	
◆CITY: Flour Bluff	◆STATE: Tx	◆ZIP CODE: 78418	◆HOME PHONE #: (361)937-5126
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
▶HOME ADDRESS:	▶CITY:	▶STATE:	▶ZIP CODE:
◆PRIMARY IDENTIFICATION DOCUMENT: US State Driver's License		◆DOCUMENT ISSUING AGENCY: Tx.	
◆DOCUMENT #: 02789780	▶ISSUE DATE:	▶EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.			<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH
INDIVIDUAL ID EXEMPTION CLASS:			
SOLE PROPRIETORS ONLY:			
▶OCCUPATION: Owner		▶EMPLOYER (OR DBA): Flour Bluff A/C & Heating	
▶COUNTRY OF PERMANENT RESIDENCE: USA		▶COUNTRY(S) OF CITIZENSHIP: USA	
OTHER COMPANY INFORMATION			
◆AVERAGE SALE AMOUNT: \$ \$200.00		◆CARD PRESENT 80 %	
◆TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ \$4,000.00		◆CARD NOT PRESENT* 20 %	
◆DESCRIPTION OF PRODUCT/SERVICES OFFERED: Heating & Air Repair		◆INTERNET* _____ %	
SPECIAL PROGRAM MCC ONLY:		(MUST TOTAL 100%)	
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY, 1 # OF DAYS (INCLUDE SHIPPING TIME FRAME)		*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
▶INTERNET : PRODUCT WEBSITE:		▶CUSTOMER SERVICE PHONE #:	
▶INTERNET: "CONTACT US" EMAIL:		▶PREVIOUS PROCESSOR:	
IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER
		<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)			
◆DEPOSIT BANK NAME: Frost Bank		◆ABA/ROUTING #: 114000093	◆DDA ACCOUNT #: 940017051
BILLING/CHARGEBACK BANK NAME (IF DIFFERENT):		ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 03			

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)						PRICING CATEGORY			
<input checked="" type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*						<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO/INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU			
<input checked="" type="checkbox"/> VISA CREDIT <input checked="" type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input checked="" type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input checked="" type="checkbox"/> AMEX									
PRICING INFORMATION						FEES			
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.									
<input checked="" type="checkbox"/> TIERED OR ENHANCED IC PLUS <input type="checkbox"/> QUALIFIED <input type="checkbox"/> MID QUALIFIED <input type="checkbox"/> NON QUALIFIED OTHER TIER: <input checked="" type="checkbox"/> CHECK CARD (T-opt/EIC-req) <input type="checkbox"/> SPRMKT (T-opt/EIC-NA) <input type="checkbox"/> QPS/SMALL TKT (T-opt/EIC-NA)		VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	APPLICATION FEE		\$N/A
		RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	RATE (%) + PER ITEM (\$)	INSTALLATION/TRAINING		\$
		1.67% + \$0.00	1.67% + \$0.00	1.67% + \$0.00	___% + \$___	1.67% + \$0.00	RETURN ITEM FEE/NSF (PER OCCUR)		\$
		2.09% + \$0.00	2.09% + \$0.00	2.09% + \$0.00	___% + \$___	2.09% + \$0.00	ACCOUNT MAINTENANCE		\$25.00
		2.94% + \$0.00	2.94% + \$0.00	2.94% + \$0.00	___% + \$___	2.94% + \$0.00	CHARGEBACK (PER OCCUR)		\$25.00
REWARDS TIER (T-opt/EIC-req)		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	ANNUAL FEE START DATE: 11/01/2017		\$N/A
COMMERCIAL CARD TIER (T-opt/EIC-req)		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	MONTHLY MINIMUM		\$N/A
PASS THRU: <input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	MONTHLY SERVICE FEE		\$4.00
MARKUP		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER: Statement		\$4.00
<input type="checkbox"/> DIFFERENTIAL		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER: Next Day Funding		\$
QUALIFIED		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER:		\$
NON QUALIFIED		___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER:		\$
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE						STATEMENT: <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER			
AUTHORIZATIONS (PER OCCURRENCE)						SAFE T SERVICES BUNDLE			
VISA	\$15	UNIONPAY	\$	VOICE AUTH TOUCH TONE	\$1.50	<input checked="" type="checkbox"/> ASSOC COMPLIANCE		\$6.00 <small>Per month, taxes and other fees may apply, see company representation and certifications)</small>	
MASTERCARD	\$15	WEX	\$	VOICE- OPERATOR ASSISTED	\$1.95	<input type="checkbox"/> SAFE T SILVER			
DISCOVER	\$15	DIAL COMMUNICATION	\$	VOICE - WITH AVS	\$2.50	<input type="checkbox"/> SAFE T GOLD			
AMEX	\$15	OTHER:	\$	VOICE - BANK REFERRAL	\$5.00				
PIN DEBIT						MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input checked="" type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)			
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ___% + \$___ AUTH \$0.15						AUTH: <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)			
INTERLINK ___% + \$___ AUTH \$___	MAESTRO ___% + \$___ AUTH \$___	UPDBT ___% + \$___ AUTH \$___	ACCEL ___% + \$___ AUTH \$___						
AFFN ___% + \$___ AUTH \$___	ALASKA ___% + \$___ AUTH \$___	CU24 ___% + \$___ AUTH \$___	NETS ___% + \$___ AUTH \$___						
NYCE ___% + \$___ AUTH \$___	PULSE ___% + \$___ AUTH \$___	SHAZAM ___% + \$___ AUTH \$___	STAR ___% + \$___ AUTH \$___						
OTHER CARD TYPES EXISTING									
AMEX SE # (10 DIGITS):	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$	<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.)					
OTHER SE #:	PER AUTH: \$	OTHER SE #:	PER AUTH: \$	<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)					
POINT OF SALE (EQUIPMENT OR SOFTWARE)									
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER	# OF TIDS:	<input type="checkbox"/> A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION:		COMMUNICATION METHOD (IP DEFAULT): <input checked="" type="checkbox"/> DIAL					
VAR SERVICE PROVIDER (HOSTED):		VAR (DISTRIBUTED):		VENDOR:		PRODUCT:		VERSION:	
QTY	POS DESCRIPTION	ITEM CODE	PRICE PER UNIT	MONTHLY FEE PER UNIT	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	EXISTING	EXCHANGE
1	ICT 220 C		\$N/A	\$N/A	\$N/A	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR						ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)			
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 reserves under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.						ELAVON BILLS ONE TIME FEES			
ADDITIONAL POS SERVICES:		DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE			
			\$	\$	\$	\$			
			\$	\$	\$	\$			
TERMINAL PROGRAMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)									
<input checked="" type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)	
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION			
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY			
CUSTOM PROMPTS: (CUSTOM PROMPTS WOULD RESULT IN LONGER DEPLOYMENT TIMES)									
<input checked="" type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO) 2:00 TIME ZONE Central		<input type="checkbox"/> CASH BACK PIN DEBIT (RTL): \$___ (MAX)		<input type="checkbox"/> CUSTOM FOOTER:					
<input type="checkbox"/> NO TIP (REST)		<input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CLERK PROMPT (RTL)		<input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)		<input checked="" type="checkbox"/> TIP FUNCTION WAITER (RTL) <input checked="" type="checkbox"/> TIP FUNCTION CASHIER (RTL)	
TRAINING (DEFAULT = NO TRAINING): <input type="checkbox"/> TRAINING		PHONE INFORMATION: ACCESS #:		CONTACT NAME:		CONTACT PHONE #:			

DL Initials

REPORT TOOLS

MCP ONLY QR MCP WITH OGM MONTHLY FEE \$ 0 SET UP FEE \$ 0 #USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT

ACS MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

SUBSTITUTE FORM W-9

SOLE PROPRIETOR PUBLIC CORP CLOSELY HELD CORP SUB S CORP GOVERNMENT GENERAL PARTNERSHIP

LIMITED PARTNERSHIP TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) OTHER (ASSN/ESTATE/TRUST)

LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=CORPORATION, P=PARTNERSHIP): P (IF LLC, PLEASE INDICATE D, C OR P)

NAME*: **Douglas T. LeSturgeon**

*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS: **2526 Tulane Drive** OR TIN (EMPLOYER ID #): _____

CITY: **Flour Bluff** STATE: **TX** ZIP: **78418** TIN (SOCIAL SECURITY #): **453-39-4730**

5 COMPANY REPRESENTATIONS AND CERTIFICATIONS

Company Representations and Certifications. By signing below, the applicant 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. 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 Company's acceptance of and agreement to the terms and conditions contained in the Agreement including, without limitation, this Company Application, the Terms of Service ("TOS") and the Operating Guide incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRVWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRVWeb/pdf/MOG_Eng.pdf, respectively. If Company does not have access to view the TOS or Operating Guide at our website please contact our customer service center. Notwithstanding any such 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 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 Guide.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. 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 documents to allow us to identify you. Company and its representative(s) authorize us prior to our acceptance of this Company Application and from time to time thereafter, to investigate the individual and business history and background of Company, each such representative and any other officers, partners, proprietors, and/or owners of Company, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Company Application. Company also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

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 Application. Delivery of executed counterparts of this Company Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Company Application shall constitute a signed original.

Company understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that company will not receive a Chargeback for that Transaction.

All companies must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 companies (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any company that has not validated PCI DSS compliance within ninety (90) days of account approval, or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$45 until Elavon is provided with validation of PCI DSS compliance. Company may be eligible for Data Breach Financial Assistance Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for assistance details and conditions.

Under penalties of perjury, Company certifies that:

1. The number shown on this Company Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Company has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of this Company Application), in addition to all other terms of this Agreement, Company agrees to the provisions set forth in Section E (Acceptance Program) of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Company expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Company's behalf. Company further authorizes Elavon to provide Company's contact information to American Express, and Company agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Company regarding products, services, and resources available to Company's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Company Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Company may still receive messages related to important information about Company's account from American Express. Company or Elavon may terminate Company's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Company's rights and obligations pursuant to the remainder of this Agreement. Company acknowledges that, if at any time Company is no longer qualified to participate in the Acceptance Program, Company may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Company's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Company acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Company's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Company.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE: X *Douglas T. LeSturgeon* PRINTED NAME: **Douglas T. LeSturgeon** TITLE: **owner** DATE: **2/8/17**

SIGNATURE: X _____ PRINTED NAME: _____ TITLE: _____ DATE: _____

6 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 designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE: X *Douglas T. LeSturgeon* PRINTED NAME: **Douglas T. LeSturgeon** DATE: **2/8/17**

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 were provided by the Company's owner(s) or officer(s), as appropriate.

SALES REP SIGNATURE: X _____ PRINTED NAME: **Deepak Karawadra** REP ID #: **41411** DATE: _____

REP PHONE #: **901-601-0032** REP EMAIL: **dee@impactpays.com** ELAVON USA-MSP-ELV-0716

R initials

