


# NEW COMPANY APPLICATION

<b>1</b>	<b>COMPANY INFORMATION</b>		
◆ DBA NAME: <b>First Flight</b>			
CONTACT NAME: <b>Dana McCallister</b>			
◆ DBA ADDRESS TYPE: <b>BSA</b> ◆ DBA ADDRESS1 (NO PO BOX): <b>3077 Mitchell Dr</b>			
DBA ADDRESS 2:			
◆ CITY: <b>Malden</b>	◆ STATE: <b>MO</b>	◆ ZIP CODE: <b>63863</b>	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: <b>USA</b>			
◆ BUSINESS COUNTRY OF FORMATION: <b>USA</b>		◆ DBA PHONE #: <b>573-776-4406</b>	
◆ EMAIL ADDRESS: <b>dana@qulin.net</b>		DBA FAX #:	
YEAR ESTABLISHED: <b>2007</b>		MOBILE PHONE #:	
◆ LENGTH OF CURRENT OWNERSHIP: <b>12</b> YEARS, <b>0</b> MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION: <b>NON</b>			
<b>2</b>	<b>OTHER ADDRESS (IF DIFFERENT THAN ABOVE)</b>		
<input type="checkbox"/> MAILING <input checked="" type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS            (MORE THAN ONE OPTION MAY BE SELECTED)			
LOCATION NAME: <b>First Flight</b>			PHONE #: <b>573-776-4406</b>
CONTACT: <b>Dana McCallister</b>			FAX #:
ADDRESS: <b>3077 Mitchell Dr</b>		CITY: <b>Malden</b>	STATE: <b>MO</b> ZIP CODE: <b>63863</b>
<b>STATEMENTS/ RETRIEVALS / CHARGEBACKS</b>			
STATEMENTS: <input checked="" type="checkbox"/> DBA OR <input type="checkbox"/> MAILING OR <input type="checkbox"/> W-9			AUTO SEND: <input 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 checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:			OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)
CHARGEBACKS: MAIL TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING AND FAX TO: <input checked="" type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO:			OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)
<b>3</b>	<b>PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)</b>		
◆ <input checked="" type="checkbox"/> BENEFICIAL OWNER PERCENTAGE OF OWNERSHIP: <b>100</b> % <input type="checkbox"/> AUTHORIZED SIGNER <input type="checkbox"/> SOLE PROPRIETOR			
◆ ADDITIONAL BENEFICIAL OWNERS? <b>NO</b> <input checked="" type="checkbox"/> RESPONSIBLE PARTY		TITLE: <b>OP</b> IF OTHER:	
◆ FIRST NAME: <b>Dana</b>		◆ MIDDLE NAME:	◆ LAST NAME: <b>McCallister</b>
◆ ADDRESS TYPE: <b>PRA</b> ◆ ADDRESS (NO PO BOX): <b>192 County Rd 678</b>			
◆ CITY: <b>Qulin</b>		◆ STATE/PROVINCE: <b>MO</b>	◆ ZIP/POSTAL CODE: <b>63961</b> ◆ COUNTRY: <b>USA</b>
◆ DOB: <b>07/15/1969</b>		◆ US PERSON: <b>Yes</b> ◆ PHONE #: <b>573-328-1307</b>	
<small>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</small>			
◆ HOME ADDRESS:		◆ CITY:	◆ STATE:    ◆ ZIP CODE:
◆ ID TYPE: <b>SSN</b>		◆ ID #: <b>494603587</b>	◆ IF OTHER - ID TYPE:
◆ IF OTHER ID #:		◆ IF OTHER ID - COUNTRY OF ISSUANCE:	◆ IF OTHER GOVERNMENT ISSUED - ID NAME:
<b>OTHER COMPANY INFORMATION</b>			
◆ AVERAGE SALE AMOUNT: \$ <b>650</b>		<input checked="" type="checkbox"/> CARD PRESENT 100%    OMNI COMMERCE (MUST TOTAL 100%) <input type="checkbox"/> CARD NOT PRESENT 100%*    CARD PRESENT <u>100</u> % <input type="checkbox"/> INTERNET 100%*    CARD NOT PRESENT*    _____ % <input type="checkbox"/> OMNI COMMERCE    INTERNET*    _____ %	
◆ HIGH SALE AMOUNT: \$ <b>4000</b>		◆ INTERNET : PRODUCT WEBSITE:	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: <b>2</b>		◆ INTERNET: "CONTACT US" EMAIL:	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ <b>1750</b>		*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
◆ ANNUAL REVENUE: \$ <b>20000</b>		◆ CUSTOMER SERVICE PHONE #:	
◆ INDUSTRY TYPE: <b>AD</b>		◆ PREVIOUS PROCESSOR:	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: <b>Jet Fuel</b>			
SPECIAL PROGRAM MCC ONLY: <b>5599C</b>			
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?			
IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME) <b>At time of service</b>			
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

<b>BANK ACCOUNT (CHECKING ACCOUNTS ONLY)</b>		
DEPOSIT BANK NAME <b>STERLING BANK</b>	ABA/ROUTING # <b>081518197</b>	DDA ACCOUNT # <b>00209570</b>
BILLING BANK NAME (IF DIFFERENT)	ABA/ROUTING #	DDA ACCOUNT #
CHARGEBACK BANK NAME (IF DIFFERENT)	ABA/ROUTING #	DDA ACCOUNT #
TAPE ID (OPT):		<input type="checkbox"/> Fast Track Funding

<b>CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)</b>	<b>PRICING CATEGORY</b>
<input type="checkbox"/> ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER* 	<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> LODGING <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> ARU <input type="checkbox"/> OMNI COMMERCE (TIER 0 & EICP ONLY)
<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	

<b>PRICING INFORMATION</b>						<b>FEES</b>	
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.						APPLICATION FEE	\$0
<input type="checkbox"/> TIERED <input type="checkbox"/> FIXED OR <input checked="" type="checkbox"/> ENHANCED IC PLUS	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	INSTALLATION/TRAINING	\$0
QUALIFIED	0.25% + \$0.100	0.25% + \$0.100	0.25% + \$0.100	___% + \$___	0.35% + \$0.200	RETURN ITEM FEE/NSF (PER OCCUR)	\$15
MID QUALIFIED	0.25% + \$0.100	0.25% + \$0.100	0.25% + \$0.100	___% + \$___	0.45% + \$0.200	ACCOUNT MAINTENANCE	\$20
NON QUALIFIED	0.25% + \$0.100	0.25% + \$0.100	0.25% + \$0.100	___% + \$___	0.45% + \$0.200	CHARGEBACK (PER OCCUR)	\$25
OTHER TIER	<input 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)	___% + \$___	___% + \$___	ANNUAL FEE START DATE:	\$0
REWARDS TIER (T-opt / EIC-req)	0.25% + \$0.100	0.25% + \$0.100	0.25% + \$0.100	___% + \$___	___% + \$___	MONTHLY MINIMUM	\$
COMMERCIAL CARD TIER (T-opt / EIC-req)	0.25% + \$0.100	0.25% + \$0.100	0.25% + \$0.100	___% + \$___	___% + \$___	MONTHLY SERVICE FEE	\$5
PASS THRU: <input type="checkbox"/> IC PLUS OR <input type="checkbox"/> IC DIFF MARKUP	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	OTHER	\$0.000
QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER	\$0.000
NON QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	OTHER	\$0.000
<input type="checkbox"/> DIFFERENTIAL	VISA	MASTERCARD	DISCOVER*	UNIONPAY	AMERICAN EXPRESS	OTHER	\$0.000
QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	STATEMENT <input type="checkbox"/> ELECTRONIC OR <input checked="" type="checkbox"/> PAPER	
NON QUALIFIED	___% + \$___	___% + \$___	___% + \$___	___% + \$___	___% + \$___	<b>PRICING PROGRAMS</b>	
*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE** **PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPE TRANSACTIONS ONLY.						MONETARY PROGRAM:	
						AUTH PROGRAM:	49101
						EQUIPMENT:	59999
						MISCELLANEOUS:	59999

<b>AUTHORIZATIONS (PER OCCURRENCE)</b>					<b>SAFE T SERVICES BUNDLE</b>	
VISA	\$ 0.000	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 0.65	<input checked="" type="checkbox"/> ASSOC COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD <input type="checkbox"/> SAFE T Solo <small>Per month, taxes and other fees may apply, see company representation and certifications)</small>
MASTERCARD	\$ 0.000	WEX	\$ 0.000	VOICE- OPERATOR ASSISTED	\$ 1.950	
DISCOVER	\$ 0.000	DIAL COMMUNICATION	\$ 1.950	VOICE - WITH AVS	\$ 2.2	
AMEX	\$ 0.000	OTHER:	\$	VOICE - BANK REFERRAL	\$ 4	

<b>PIN DEBIT</b>			
MONETARY: <input type="checkbox"/> PASS THROUGH (ICDIF) <input type="checkbox"/> PASS THROUGH (ICPLS) <input type="checkbox"/> SURCHARGE (FLAT RATE)		AUTH: <input type="checkbox"/> PASS THROUGH (INTERCHANGE PLUS MARKUP) <input type="checkbox"/> FIXED (FLAT RATE)	
APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM (\$) ___% + \$___ AUTH \$___		PIN DEBIT MONTHLY FEE \$___	
INTERLINK ___% + \$___ AUTH \$___	MAESTRO ___% + \$___ AUTH \$___	UPDBT ___% + \$___ AUTH \$___	ACCEL ___% + \$___ AUTH \$___
AFFN ___% + \$___ AUTH \$___	ALASKA ___% + \$___ AUTH \$___	CU24 ___% + \$___ AUTH \$___	NETS ___% + \$___ AUTH \$___
NYCE ___% + \$___ AUTH \$___	PULSE ___% + \$___ AUTH \$___	SHAZAM ___% + \$___ AUTH \$___	STAR ___% + \$___ AUTH \$___

<b>OTHER CARD TYPES EXISTING</b>			
AMEX SE # (10 DIGITS)	PER AUTH: \$	EBT SE # (7 DIGITS):	PER AUTH: \$
OTHER SE #	PER AUTH: \$	OTHER SE #	PER AUTH: \$
		<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ)	
		<input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ)	

**POINT OF SALE (EQUIPMENT OR SOFTWARE)**

NETWORK:  ELAVON  OTHER  A THIRD PARTY INTEGRATOR WILL BE USED FOR IMPLEMENTATION: \_\_\_\_\_ COMMUNICATION METHOD (IP DEFAULT)  DIAL

VAR SERVICE PROVIDER (HOSTED): \_\_\_\_\_ VAR (DISTRIBUTED): \_\_\_\_\_ VENDOR: \_\_\_\_\_ PRODUCT: \_\_\_\_\_ VERSION: \_\_\_\_\_

# OF TIDS			TID TYPE (OMN ONLY)			# OF TIDS			TID TYPE (OMN ONLY)			
QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMN ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	LEASE**	EXISTING	EXCHANGE
1	VX520	VX520		\$ 0.00	\$		\$		<input type="checkbox"/>	<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"/>
				\$	\$		\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)

\*\*PLEASE NOTE THAT ALL LEASES MUST COMPLETE THE SECTION BELOW. INITIALS ARE REQUIRED.

SATURDAY DELIVERY  NEXT DAY AIR  2<sup>ND</sup> 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 Services, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.

ADDITIONAL POS SERVICES:	DESCRIPTION	SETUP FEE	ANNUAL FEE	MONTHLY FEE	PER AUTH FEE
		\$	\$	\$	\$
		\$	\$	\$	\$

SOFTWARE/WIRELESS									
RENTAL EQUIPMENT:	QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMN ONLY	MONTHLY RATE PER UNIT	ANNUAL FEE PER UNIT	MONTHLY FEE PER UNIT	SETUP/ SIM CARD FEE PER UNIT	PER AUTH FEE
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$

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.

**TERMINAL PROGRAMMING INSTRUCTIONS (DO NOT USE FOR CONVERGE - THIS INFORMATION IS COVERED DURING TRAINING)**

RETAIL (AUTO CLOSE DEFAULT)  QUICK CLOSE  STORE AND FORWARD  NO SIGNATURE  CONTACTLESS (+ NO SIGNATURE)

RESTAURANT (QUICK CLOSE DEFAULT)  TIP FUNCTION (DEFAULT)  FINE DINING  TAB FUNCTION

CARD NOT PRESENT (AUTO CLOSE DEFAULT)  QUICK CLOSE  LODGING (QUICK CLOSE DEFAULT)  QUICK STAY

CUSTOM PROMPTS:  TERMINAL AUTO CLOSE (RTL, MOTO) 1930 TIME ZONE Cent  CASH BACK PIN DEBIT (RTL) \$ \_\_\_\_\_ (MAX)  CUSTOM FOOTER \_\_\_\_\_

NO TIP (REST)  NO SERVER PROMPT (REST)  CLERK PROMPT (RTL)  REMOVE SECURITY PROMPTS (FORM REQUIRED)  TIP FUNCTION WAITER (RTL)  TIP FUNCTION/CASHER (RTL)

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 \$ 0.00 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 \$ 0.00, I understand the approximate total cost of the equipment lease to be \$ NaN. 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 \$4.95 monthly 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 \$ 0.00. 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 \$ NaN plus taxes if applicable.

Company hereby authorizes Elavon, through its Ladco Leasing division ("Lessor"), to automatically withdraw Company's monthly lease payments and any amounts, including any and all taxes or other charges, owed in accordance with the lease, as applicable, by initiating debit entries to Company's account at the financial institution ("Bank") indicated hereon or such other financial institution used by Company from time to time. A lease payment (whether paid by debit or other means) that is not honored by Bank for any reason will be subject to a returned item service fee imposed by Lessor. Upon completion of the lease term, this authorization shall remain in effect until Lessor has received written notice from Company of its termination.

BANK NAME: \_\_\_\_\_ ABA/ROUTING #: \_\_\_\_\_ PDDA ACCOUNT #:

LADCO VENDOR CODE: \_\_\_\_\_ LEASE PLAN: \_\_\_\_\_

**REPORT TOOLS**

MCP ONLY OR  MCP WITH OCM MONTHLY FEE \$ \_\_\_\_\_ SET UP FEE \$ \_\_\_\_\_ # USERS \_\_\_\_\_ SET UP TYPE (CHECK ONE)  MID  CHN  ENT

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

Initials \_\_\_\_\_

**SUBSTITUTE FORM W-9**

SOLE PROPRIETOR   
  C CORPORATION   
  S CORPORATION   
  PARTNERSHIP   
  UNINCORPORATED ASSOCIATION   
  PUBLIC CORPORATION  
 TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS)   
  GOVERNMENT   
  TRUST   
  ESTATE   
  PRIVATE CORPORATION  
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP): **C**    (IF LLC, PLEASE INDICATE D, C, S OR P)

LEGAL BUSINESS NAME\*: **First Flight LLC**  
 \*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): **3077 Mitchell Dr**    OR    TIN (EMPLOYER ID #): **20-8123354**  
 CITY: **Malden**    STATE: **MO**    ZIP: **63863**    TIN (SOCIAL SECURITY #)

**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. 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 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 TOS and the Operating Guide incorporated herein by this reference and located at our website at [https://www.merchantconnect.com/CWRWeb/pdf/TOS\\_ENG.pdf](https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf) and [https://www.merchantconnect.com/CWRWeb/pdf/MOG\\_ENG.pdf](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 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 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.

\* 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 signing this 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.

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 \$74.99 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 Acceptance Program terms 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.

SIGNATURE: X <i>Dana McCallister</i>	PRINTED NAME: Dana McCallister	TITLE: Owner/Proprietor	DATE: 12/20/2019
SIGNATURE: X	PRINTED NAME:	TITLE: - Select One -	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	PRINTED NAME:	DATE:
SIGNATURE: X	PRINTED NAME:	DATE:

Submitted by: **CALES USB OJUA**  
 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 <i>Morgan Withee</i>	PRINTED NAME: Morgan Withee	REP ID #: 42192	DATE: 12/17/2019
REP PHONE #:	REP EMAIL: morgan@impactpays.com	ELAVON USA-MSP-ELV-1018	



# SALES WORKSHEET

DBA: First Flight

ACCOUNT DESIGNATION					
<input checked="" type="checkbox"/> NEW LOCATION	<input type="checkbox"/> ADDITIONAL LOCATION	EXISTING MID:	EXISTING CHAIN #:	LOCATION OF	
PORTFOLIO CODE:	FI:	AGENT:	BANK:	MSP SHORT NAME: MSIMPACT	
CLIENT GROUP #: 17	ENTITY: 44928	REP #: 42192		AWB:	
<p>ONSITE INSPECTION:</p> <p>I CERTIFY THAT THE BELOW INFORMATION IS TRUE, COMPLETE AND ACCURATE:</p> <p>BUSINESS LOCATED IN: <input checked="" type="checkbox"/> SEPARATE BUILDING <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> SHOPPING CENTER/MALL <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> KIOSK <input type="checkbox"/> OTHER (DESCRIBE):</p> <ul style="list-style-type: none"> <li>• I HAVE PHYSICALLY BEEN ON SITE</li> <li>• MERCHANT NAME IS AS IT APPEARS ON SIGNAGE (IF APPLICABLE)</li> <li>• THE PHYSICAL SITE INSPECTED IS THE SAME AS THE DBA ADDRESS</li> <li>• MERCHANDISE IS CONSISTENT WITH TYPE OF BUSINESS</li> </ul> <p>PERSON MET WITH:</p> <p>PRINTED NAME: Morgan Withee <span style="margin-left: 150px;">REP #: 42192</span> <span style="float: right;">DATE: 12/17/2019</span></p>					
SPECIAL INSTRUCTIONS					
<p>CREDIT UNDERWRITING NOTES:</p> <p>Legal Address is 192 County RD 678 Quin MO 63961</p> <p>They sell Jet Fuel do not need WFX or Voyager</p>					
<p>ADDRESS NOTES:</p> <p>Mailing Address: First Flight - Dana McCallister 3077 Mitchell Dr Malden, MO 63863 Phone: 573-776-4406 Fax: Notes:                      Legal Address is 192 County RD 678 Quin MO 63961 They sell Jet Fuel do not need WEX or Voyager.</p>					

## Additional Ownership

Principal Information 2 (Owner/Partner/Officer)		Additional Ownership					
Principal Information 2 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party	
	First Name:	Middle Name:	Last Name:				
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:			
	If ID Type "Other"		Other ID#:		If Gov't Issued – ID Name:		
	Address/Type:		City:		Phone #:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match		
	Previous Address if current address is less than 2 years: Address:						
	City:		State/Province:		Zip/Postal Code:		
	Country(s) of citizenship:		State/Province:		Zip/Postal Code:		
	Intermediary Business Information						
	Intermediary Business Name			Intermediary Contact Name			
	Intermediary Phone Number			Intermediary Email Address			
	Principal Information 3 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
		First Name:	Middle Name:	Last Name:			
DOB:		ID Type:	ID#:	If Foreign, Country of Issuance:			
If ID Type "Other"		Other ID#:		If Gov't Issued – ID Name:			
Address/Type:		City:		Phone #:			
Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match			
Previous Address if current address is less than 2 years: Address:							
City:		State/Province:		Zip/Postal Code:			
Country(s) of citizenship:		State/Province:		Zip/Postal Code:			
Intermediary Business Information							
Intermediary Business Name			Intermediary Contact Name				
Intermediary Phone Number			Intermediary Email Address				
Principal Information 4 (Owner/Partner/Officer)		Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
		First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:			
	If ID Type "Other"		Other ID#:		If Gov't Issued – ID Name:		
	Address/Type:		City:		Phone #:		
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match		
	Previous Address if current address is less than 2 years: Address:						
	City:		State/Province:		Zip/Postal Code:		
	Country(s) of citizenship:		State/Province:		Zip/Postal Code:		
	Intermediary Business Information						
	Intermediary Business Name			Intermediary Contact Name			
	Intermediary Phone Number			Intermediary Email Address			

Principal Information 5 (Owner/Partner/Officer)	Percentage of Ownership	<input type="checkbox"/> Beneficial Owner:	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> PG Only	<input type="checkbox"/> Intermediary Business	<input type="checkbox"/> Responsible Party
	First Name:	Middle Name:	Last Name:			
	DOB:	ID Type:	ID#:	If Foreign, Country of Issuance:		
	If ID Type "Other"					
	Other ID Type:	Other ID#:		If Gov't Issued – ID Name:		
	Address/Type:				Phone #:	
	City:			State/Province:	Zip/Postal Code:	
	Principal address matches the address on the Primary Identification Document above unless otherwise noted.				<input type="checkbox"/> Secondary ID included if no address match	
	Previous Address if current address is less than 2 years: Address:					
	City:		State/Province:		Zip/Postal Code:	
	Country(s) of citizenship:					
	Intermediary Business Information					
	Intermediary Business Name			Intermediary Contact Name		
	Intermediary Phone Number			Intermediary Email Address		





Morgan Withee <morgan@impactpays.com>

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## First Flight- firs app to go out

1 message

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Emily Karawadra <emily@impactpays.com>

To: Morgan Withee <morgan@impactpays.com>

Tue, Dec 17, 2019 at 10:49 AM

Not happy with FAPS told her she will get an email for esignature at dana@qulin.net.

No annual fee Not ETF

Pass thru plus .25%

.10 per auth/item

pci \$8.00

on file fee \$5.00

Vx 520 we will provide for her

Amex pass thru plus .35% Plus .20 per item

downgrade .10%

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Emily Karawadra  
Chief Operating Officer  
Impact PaySystem  
1164 Vickery Lane Suite 200  
Cordova, TN 38016  
901-601-0032

[www.impactpays.com](http://www.impactpays.com)