Front Cover Sheet

Business (DBA):	FastSigns 371001
Contact First Name:	Rakesh
Contact Last Name:	Bhoola
Business Address:	1480 W 104th Ave
City: Northglenn	State: CO Zip: 80234
Business Phone #:	303-255-9177
Rep Number:	42192

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.

1 COMPANY INFORMATION

♦ DBA NAME: FastSigns 371001

CONTACT NAME: Rakesh Bhoola

♦ DBA ADDRESS TYPE: BSA ♦ DBA ADDRESS1 *(NO PO Box)*: 1480 W 104th Ave

DBA ADDRESS 2:

♦ CITY: Northglenn | ♦ STATE CO | ♦ ZIP CODE: 80234

♦ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA

♦ BUSINESS COUNTRY OF FORMATION: USA | ♦ DBA PHONE #: 303-255-9177

♦ EMAIL ADDRESS: roc@fastsigns.com | DBA FAX #:

YEAR ESTABLISHED: 2003 | MOBILE PHONE #: 303-941-9711

♦ LENGTH OF CURRENT OWNERSHIP: 17 YEARS, 1 MONTHS

CIP EXEMPTION:

BENEFICIAL OWNER EXEMPTION: NON

2 OTHER ADDRESS *(IF DIFFERENT THAN ABOVE)*

☐ MAILING ☒ SHIPPING ☐ SEE ALSO SPECIAL INSTRUCTIONS *(MORE THAN ONE OPTION MAY BE SELECTED)*

LOCATION NAME: FastSigns 371001 | PHONE #: 303-255-9177

CONTACT: Rakesh Bhoola | FAX #:

ADDRESS: 1480 W 104th Ave | CITY: Northglenn | STATE: CO | ZIP CODE: 80234

STATEMENTS/ RETRIEVALS /CHARGEBACKS

STATEMENTS: ☒ DBA OR ☐ MAILING OR ☐ W-9 | AUTO SEND: ☐ YES ☐ NO (CHAIN COMPANIES ONLY – MUST INCLUDE CHAIN SET UP FORM)

RETRIEVALS: ☐ ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO: | OR FAX TO: ☒ DBA ☐ MAILING OR MAIL TO: ☒ DBA ☐ MAILING

CHARGEBACKS: ☐ ONLINE CASE MANAGEMENT (OCM) OR EMAIL TO: | OR FAX TO: ☒ DBA ☐ MAILING OR MAIL TO: ☒ DBA ☐ MAILING

3 PRINCIPAL 1 INFORMATION *(INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)*

♦ ☒ BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 75 % | ☐ AUTHORIZED SIGNER | ☐ SOLE PROPRIETOR

♦ ADDITIONAL BENEFICIAL OWNERS? NO ☒ RESPONSIBLE PARTY | TITLE: P | IF OTHER:

♦ FIRST NAME: Rakesh | ▸ MIDDLE NAME: | ♦ LAST NAME: Bhoola

♦ ADDRESS TYPE: BSA ♦ ADDRESS (NO PO BOX): 14000 Kahler Pl

♦ CITY: Broomfield | ♦ STATE/PROVINCE: CO | ♦ ZIP/POSTAL CODE: 80023 | ♦ COUNTRY: USA

♦ DOB: 05/05/1967 | ♦ US PERSON: Yes | ▸ PHONE #: 303-941-9711

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS

▸ HOME ADDRESS: | ▸ CITY: | ▸ STATE: | ▸ ZIP CODE:

▸ ID TYPE: SSN SSN | ▸ ID #: 243450630 | ▸ IF OTHER- ID TYPE:

▸ IF OTHER ID #: | ▸ IF OTHER ID - COUNTRY OF ISSUANCE: | ▸ IF OTHER GOVERNMENT ISSUED - ID NAME:

OTHER COMPANY INFORMATION

♦ AVERAGE SALE AMOUNT: $ 150	☐ CARD PRESENT 100%
♦ HIGH SALE AMOUNT: $ 1000	☐ CARD NOT PRESENT 100%*
♦ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: 10	☐ INTERNET 100%*
♦ TOTAL **MONTHLY** VISA/MC/AMEX/DISC/UnionPay SALES: $ 45000	☐ OMNI COMMERCE

OMNI COMMERCE (MUST TOTAL 100%)
CARD PRESENT 85 %
CARD NOT PRESENT* 15 %
INTERNET* 0 %

♦ ANNUAL REVENUE: $ 75000 | ▸ INTERNET: PRODUCT WEBSITE:

♦ INDUSTRY TYPE: RE

♦ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Signs | ▸ INTERNET: "CONTACT US" EMAIL:

SPECIAL PROGRAM MCC ONLY: 7311 | *CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW*

WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? At time of service | ▸ CUSTOMER SERVICE PHONE #: 303-255-9177

IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME) | ▸ PREVIOUS PROCESSOR:

IF SEASONAL, PLEASE CHECK MONTHS CLOSED BELOW. *(CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)*

☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)

♦ DEPOSIT BANK NAME: **JPMORGAN CHASE**	♦ ABA/ROUTING #: **102001017**	♦ DDA ACCOUNT #: **193659891**
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14	☐ Fast Track Funding	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)

☐ **ALL VISA/MASTERCARD/AMEX/UNIONPAY/DISCOVER*** ®

☒ VISA CREDIT ☒ VISA DEBIT ☒ MASTERCARD CREDIT ☒ MASTERCARD DEBIT ☒ DISCOVER* ☐ UNIONPAY ☒ AMEX

PRICING CATEGORY

☒ RETAIL ☐ MO/TO / INTERNET
☐ RESTAURANT ☐ ARU
☐ LODGING ☐ OMNI COMMERCE
☐ SUPERMARKET (TIERED & EICP ONLY)

PRICING INFORMATION

RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.

☐ TIERED ☐ FIXED OR ☐ ENHANCED IC PLUS

	VISA RATE (%) + PER ITEM ($)	MASTERCARD RATE (%) + PER ITEM ($)	DISCOVER* RATE (%) + PER ITEM ($)	UNIONPAY RATE (%) + PER ITEM ($)	AMERICAN EXPRESS RATE (%) + PER ITEM ($)
QUALIFIED	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
MID QUALIFIED	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
NON QUALIFIED	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
OTHER TIER	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
REWARDS TIER (T-opt / EIC-req)	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
COMMERCIAL CARD TIER (T-opt /EIC-req)	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___

OTHER TIER: ☐ CHECK CARD (T-opt /EIC-req) ☐ SPRMKT (T-opt/EIC-NA) ☐ QPS/SMALL TKT (T-opt/EIC-NA)

PASS THRU: ☐ IC PLUS OR ☒ IC DIFF

	VISA RATE (%) + PER ITEM ($)	MASTERCARD RATE (%) + PER ITEM ($)	DISCOVER* RATE (%) + PER ITEM ($)	UNIONPAY RATE (%) + PER ITEM ($)	AMERICAN EXPRESS RATE (%) + PER ITEM ($)
MARKUP	0.20 % + $ 0.3000	0.20 % + $ 0.3000	0.20 % + $ 0.3000	___ % + $___	0.20 % + $ 0.3000

☐ DIFFERENTIAL

	VISA RATE (%) + PER ITEM ($)	MASTERCARD RATE (%) + PER ITEM ($)	DISCOVER* RATE (%) + PER ITEM ($)	UNIONPAY RATE (%) + PER ITEM ($)	AMERICAN EXPRESS RATE (%) + PER ITEM ($)
QUALIFIED	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___
NON QUALIFIED	___ % + $___	___ % + $___	___ % + $___	___ % + $___	___ % + $___

*Discover includes JCB, DI, PAY PAL PAYMENT DEVICE**
**PayPal ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.

FEES

APPLICATION FEE	$ 0
INSTALLATION/TRAINING	$
RETURN ITEM FEE/NSF (PER OCCUR)	$ 15
ACCOUNT MAINTENANCE	$ 20
CHARGEBACK (PER OCCUR)	$ 25
ANNUAL FEE START DATE:	$
MONTHLY MINIMUM	$
MONTHLY SERVICE FEE	$ 10
OTHER: Converge Month	$ 15.00
OTHER:	$ 0.000
OTHER:	$ 0.000
OTHER:	$ 0.000
OTHER:	$ 0.000
STATEMENT: ☐ ELECTRONIC OR ☒ PAPER	

PRICING PROGRAMS

MONETARY PROGRAM:
AUTH PROGRAM: 49101
EQUIPMENT: 59999
MISCELLANEOUS: 59999

AUTHORIZATIONS (PER OCCURRENCE)

VISA	$ 0.0000	UNIONPAY	$ 0.0000	VOICE AUTH TOUCH TONE	$ 0.65
MASTERCARD	$ 0.0000	WEX	$ 0.0000	VOICE- OPERATOR ASSISTED	$ 1.9500
DISCOVER	$ 0.0000	DIAL COMMUNICATION	$ 0.0000	VOICE – WITH AVS	$ 2.2
AMEX	$ 0.0000	OTHER:	$ ___	VOICE – BANK REFERRAL	$ 4

SAFE T SERVICES BUNDLE

☒ ASSOC COMPLIANCE
☐ SAFE T SILVER
☐ SAFE T GOLD
☐ SAFE T SOLO

$ 15

Per month, taxes and other fees may apply, see company representation and certifications)

PIN DEBIT

MONETARY: ☐ PASS THROUGH (ICDIF) ☐ PASS THROUGH (ICPLS) ☒ SURCHARGE (FLAT RATE)   AUTH : ☐ PASS THROUGH (INTERCHANGE PLUS MARKUP) ☐ FIXED (FLAT RATE)

APPLY RATE TO ALL NETWORKS: RATE (%) + PER ITEM ($) ___ % + $___ AUTH $ ___

INTERLINK ___ %+ $___ AUTH $ ___	MAESTRO ___ % + $___ AUTH $ ___	UPDBT ___ % + $___ AUTH $ ___	ACCEL ___ % + $___ AUTH $ ___
AFFN ___ % + $___ AUTH $ ___	ALASKA ___ % + $___ AUTH $ ___	CU24 ___ % + $___ AUTH $ ___	NETS ___ % + $___ AUTH $ ___
NYCE ___ % + $___ AUTH $ ___	PULSE ___ % + $___ AUTH $ ___	SHAZAM ___ % + $___ AUTH $ ___	STAR ___ % + $___ AUTH $ ___

*A PIN DEBIT ENABLEMENT SERVICE PER ITEM FEE WILL BE BILLED BASED ON THE REQUIREMENTS FOUND IN THE COMPANY REPRESENTATIONS AND CERTIFICATIONS SECTION 5 FOR IC PLUS, ENHANCED INTECHANGE PLUS OR INTERCHANGE DIFFERENTIAL PRICING METHODS ONLY.

OTHER CARD TYPES EXISTING

AMEX SE # (10 DIGITS): PER AUTH: $	EBT SE # (7 DIGITS): PER AUTH: $	☐ WEX (ADDITIONAL PAPERWORK REQ.)
OTHER SE #: PER AUTH: $	OTHER SE #: PER AUTH: $	☐ 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 (OMNI ONLY): # OF TIDS: TID TYPE (OMNI ONLY):

QTY	POS DESCRIPTION	ITEM CODE	TID TYPE OMNI ONLY	PRICE PER UNIT	MONTHLY FEE PER UNIT	LEASE** TERM (MONTHS)	ANNUAL FEE PER UNIT	PER AUTH	PURCHASE	LEASE**	EXISTING	EXCHANGE
2	PINPAD IPP320	320T		$ 0.00	$		$	$	☐	☐	☑	☐
1	CONVERGE NEW GENERATION	CNVNG		$ 0.00	$		$	$	☐	☐	☑	☐
				$	$		$	$	☐	☐	☐	☐
				$	$		$	$	☐	☐	☐	☐
				$	$		$	$	☐	☐	☐	☐
				$	$		$	$	☐	☐	☐	☐

SURCHARGES
CREDIT CARD SURCHARGING IS PROHIBITED IN THE FOLLOWING STATES:
CO, CT, KS, MA, ME AND OK

☐ CREDIT CARD SURCHARGING RATE
(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 ☑ 2ND DAY AIR ELAVON BILLS ONE TIME FEES

Elavon and Member have no responsibility for, and shall have no liability to Company in connection with, any hardware or software, or any related services, Company receives under a direct agreement (including any sale, warranty or end-user license agreement) between Company and a third party, including any Value Added Servicer, even if Elavon collects fees or other amounts from Company with respect to such hardware, software or services.

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

SOFTWARE/WIRELESS

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

Rentals cancelled within the first 24 months will be charged a $200 restocking fee if the monthly rental fee is greater than $5 and a $75 restocking fee if the monthly rental fee is $5 or less. 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 PROGRAMING 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: *(Custom Prompts could result in longer deployment timeframes)* ☐ TERMINAL AUTO CLOSE (RTL, MOTO) ___ TIME ZONE ___ ☐ 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 CASHIER (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 $ _____ 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 $4.95 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 $ _____ . 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.

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 #: ▸DDA 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 ___

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):   (IF LLC, PLEASE INDICATE D, C,S OR P)

LEGAL BUSINESS NAME*: X Wing 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): 1480 W 104th Ave   OR   TIN (EMPLOYER ID #): 72-1546593

CITY: Northglenn   STATE: CO   ZIP: 80234   TIN (SOCIAL SECURITY #):

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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 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 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.

A PIN Debit Enablement Service Fee will be collected for any Interchange and Assessment savings generated through PIN Debit routing on your monthly PIN Debit transactions for Interchange Plus customers only. This monthly fee will be calculated from your actual PIN Debit transaction volume and will be a percentage of your overall PIN Debit cost savings. The PIN Debit Enablement Service Fee collected and the Interchange and Assessment savings will be reflected on your monthly statement

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.

* 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 above named Company, and the information provided about the beneficial owner(s) and/or the individual with control over the above named Company is complete and accurate.

| SIGNATURE: X | PRINTED NAME: Rakesh Bhoola | TITLE: President | DATE: |
| SIGNATURE: X | PRINTED NAME: | TITLE: - Select One - | DATE: |

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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 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 (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: Morgan Withee | REP ID #: 42192 | DATE: 05/20/2020 |
| REP PHONE #: | REP EMAIL: morgan@impactpays.com | | ELAVON USA-MSP-ELV-1019 |

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: **FastSigns 371001**

CONTACT NAME: **Rakesh Bhoola** | DBA PHONE #: **303-255-9177**

DBA ADDRESS 1 *(NO PO BOX)*: **1480 W 104th Ave** | DBA ADDRESS 2:

CITY: **Northglenn** | STATE: **CO** | ZIP CODE: **80234**

ELECTRONIC CHECK SERVICE

▶ANNUAL check volume: $ | ▶AVERAGE check amount: $ | ▶MAXIMUM check amount: $ | ▶ECS MONTHLY MINIMUM: $

ECS- PAPER CHECK CONVERSION

PROCESSING OPTIONS:
- ☐ POP (POS IMAGE)
- ☐ ARC (POS IMAGE)
- ☐ BOC

☐ CONVERSION WITH GUARANTEE   GUARANTEE RATE: %   PER TRANSACTION: $

☐ CONVERSION W/ VERIFICATION **OR** PER TRANSACTION: $ PER RETURN TRANSACTION: $ ☐ COLLECTIONS
☐ CONVERSION ONLY

ACH CHECK – CHECK NOT PRESENT (CNP)

PROCESSING OPTIONS:
- ☑ CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP
- INDIVIDUAL ENROLLMENT (CHOOSE ONE)
- ☐ WEB – INTERNET INITIATED   ☐ PPD – PREARRANGED PAYMENT
- ☐ TEL/IVR – TELEPHONE INITIATED   ☐ CCD – CORPORATE TO CORPORATE
- *CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP*

☑ ACH-ECHECK WITH VERIFICATION PER TRANSACTION: $____
PER RETURN TRANSACTION: $____

☑ ACH-ECHECK CONVERSION ONLY PER TRANSACTION: $____
PER RETURN TRANSACTION: $____

OTHER ECS CHECK CONVERSION SERVICES REQUESTED

☐ PROMPTS FOR DRIVER'S LICENSE (IF NOT SELECTED, INFORMATION MUST BE OBTAINED ON CHECK FOR GUARANTEE SERVICE)

☐ ENQUIRE REPORTING ACCESS: # OF USERS @ $29.95 EACH PER MONTH

☐ NSF SERVICE FEE PROCESSING @ $2 PER NSF ITEM. NOT APPLICABLE FOR GUARANTEE SERVICE
NSF SERVICE FEE AMOUNT: ☐ MAX ALLOWED OR ☐ SPECIFIED SERVICE FEE AMOUNT $____ (STATE MAX IS DEFAULT)
ACH ECHECK NSF SERVICE FEE AMOUNT: ☐ **$15** (DEFAULT) OR ☐ SPECIFIED SERVICE FEE AMOUNT $____
SPECIFY NSF RESUBMISSION ATTEMPTS: ☐ 0 OR ☑ 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 RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)?
2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS OPERATING GUIDE (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)? ☑
   ☑ YES ☐ NO
3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS OPERATING GUIDE PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? ☐ YES ☑ NO
4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? ☑ EXISTING ☑ NEW
5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? ☑ YES ☐ NO
6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? ☑ YES ☐ NO

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 QUANTITY	PRICE		PROMOTIONAL QUANTITY
☐ CUSTOM _____	$ ____		LOYALTY QUANTITY
☐ STANDARD _____	$		GIFT QUANTITY

(STANDARD CARDS AVAILABLE IN INCREMENTS OF 100, CUSTOM CARDS AVAILABLE ONLY IN INCREMENTS OF 500)

ADDITIONAL OPTIONS:

☐ MAX CARD VALUE $ (DEFAULT $1000)

STATE AND LOCAL TAXES MAY BE APPLIED TO FEES BILLED FOR FANFARE

STANDARD CARD ORDER DETAILS

CARD STYLE: | TEXT COLOR:

JUSTIFICATION: ☐ LEFT ☐ CENTER ☐ RIGHT ☐ AS SUBMITTED

IMPRINT:
☐ LOGO (TO AVOID DELAY, PLEASE SUBMIT ARTWORK TO: Artwork@Elavon.com) OR ☐ TEXT (IMPRINTING DETAILS MUST BE ENTERED BELOW)
♦FONT (SELECT ONE): ☐ Arial ☐ *Brush Script* ☐ Times New Roman
♦Text Case (select ONE): ☐ Title Case ☐ UPPER CASE ☐ lower case ☐ As submitted

FANFARE NOTES

OTHER VALUE ADDED SERVICES

☐ DYNAMIC CURRENCY CONVERSION (DCC):

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 Added Services listed on this page.)*

BY SIGNING BELOW, COMPANY WARRANTS THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED, AGREES TO PAY THE FEES SET FORTH HEREIN.

SIGNATURE _____   NAME & TITLE _____   DATE _____

SALES WORKSHEET

DBA: FastSigns 371001

ACCOUNT DESIGNATION				
☑ NEW LOCATION ☐ 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:	

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: Morgan Withee   REP #: 42192   DATE: 05/12/2020

SPECIAL INSTRUCTIONS

CREDIT UNDERWRITING NOTES:

ADDRESS NOTES:

Mailing Address: FastSigns 371001 - Rakesh Bhoola 1480 W 104th Ave Northglenn, CO 80234 Phone: 303-255-9177
Fax: Notes:

Additional Ownership

Principal Information 2 (Owner/Partner/Officer)

Percentage of Ownership	☐ Beneficial Owner:	☐ Authorized Signer	☐ PG Only	☐ Intermediary Business	☐ 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.	☐ 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

Principal Information 3 (Owner/Partner/Officer)

Percentage of Ownership	☐ Beneficial Owner:	☐ Authorized Signer	☐ PG Only	☐ Intermediary Business	☐ 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.	☐ 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

Principal Information 4 (Owner/Partner/Officer)

Percentage of Ownership	☐ Beneficial Owner:	☐ Authorized Signer	☐ PG Only	☐ Intermediary Business	☐ 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.	☑ 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

	Percentage of Ownership	☐ Beneficial Owner:	☐ Authorized Signer	☐ PG Only	☐ Intermediary Business	☐ Responsible Party
Principal Information 5 (Owner/Partner/Officer)	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.	☐ 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

	Percentage of Ownership	☐ Beneficial Owner:	☐ Authorized Signer	☐ PG Only	☐ Intermediary Business	☐ Responsible Party
	First Name:		Middle Name:		Last Name:	