

Signing Rep: Aimee Jones

CSA-3576-009

Sales Office Phone: 877-251-0778

FAX:

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # PCS2205 (ia) Loc. 1 of 1

(1) TELL US ABOUT YOUR BUSINESS

Form section (1) containing fields for Client's Business Name (TRADITION DRUG), Client's Corporate/Legal Name (ADA PHARMACY INC), Business Address (1131 ARLINGTON ST), Billing Address (1131 ARLINGTON ST), Contact Name (AARON HEILAMAN), and various checkboxes for statement and funding preferences.

*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category's Codes (MCC): 4814, 4816, 5966, 5967, 7273, and 7841, the registration is required with Visa and/or Mastercard within 30 days from when your accounts becomes active.

(2) M C / V I S A / D I S C O V E R ® NETWORK FULL SERVICE / AMERICAN EXPRESS

Form section (2) containing fields for Monthly MC/Visa/Discover/Amex/Debit Vol. for this Outlet (\$45000.00), Estimated Average Ticket/Sales Amount (\$40.00), and Estimated High Ticket Amount (\$350.00).

(3) ENTITLEMENTS

Form section (3) containing checkboxes for MC/Visa/Discover Full Processing, Voyager Fleet, WEX Full Acquiring, American Express, and Debit Package (84072061).

(4) PROVIDE MORE BUSINESS DATA

Form section (4) containing fields for State Incorp., Month/Yr. Started, Sole Ownership, Partnership, Non Profit/Tax Exempt, Public Corp., Private Corp., L.L.C., Gov't, and TIN Type (EIN 46-1485530).

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.4 of your Program Guide for further information.)

Form section containing Name (ADA PHARMACY INC), Federal Tax ID# (46-1485530), and a checkbox for foreign entity/nonresident alien.

Form section containing Mag Swipe (99%) + Keyed Manually (1%) = 100% Product/Services You Sell: Prescriptions Pharmacies, POS Card Present (MAG Swipe and/or Manual Imprint) + Mail Order/Direct Marketing + Phone Order + Internet = 100%, and checkboxes for third party data processing.

(5) DESCRIBE EQUIPMENT DETAILS

Form section (5) containing Network (206) CARDnet, Nashville, BuyPass, Other Nashville, Specify Security Code, and a table for Equipment Type, Model Code and Name, and Equipment Track / Version / Serial #.

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Form section containing VAR/Internet/Software Name, (Nashville Only) Product ID #, Vendor ID #, and checkboxes for Auto Settle Time, Debit Cash Back, Clerk/Server Entry, Retail With Tip, QSR-CR/SMT, and QSR Print Option.

PLEASE SEND COMPLETED INFORMATION TO Petroleum Card Services
Phone: 866.427.7297 • FAX: 775.782.7572 • Email: Applications@pcs4fuel.com • www.pcs4fuel.com

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 2 of 5)

(6) PROVIDE YOUR OWNER INFORMATION

Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business

Owner/Partner/Officer Name: AARON HEILAMAN	D.O.B.: 12/22/1977	Social Security #: 440-94-5563	Home Phone: 580-332-5720	Title: Owner	% of Ownership 33
Home Address: 1731 Augusta Dr	City: ADA	State: OK	Zip: 74820	Owner's E-Mail Address (Required for Click to Agree) AARON@TRADITIONDRUG.COM	
Owner/Partner/Officer Name: Boadie Anderson	D.O.B.: 10/08/1972	Social Security #: 442-84-6841	Home Phone: 580-399-5058	Title: Owner	% of Ownership 33
Home Address: 1202 S Constant	City: Ada	State: OK	Zip: 74820	Owner's E-Mail Address (Required for Click to Agree) Boadie@andersong.com	
Owner/Partner/Officer Name: John Anderson	D.O.B.: 10/01/1974	Social Security #: 442-84-6833	Home Phone: 580-272-7837	Title: Owner	% of Ownership 33
Home Address: 401 E Parkway	City: Ada	State: OK	Zip: 74820	Owner's E-Mail Address (Required for Click to Agree) John@andersong.com	
Owner/Partner/Officer Name:	D.O.B.:	Social Security #:	Home Phone:	Title:	% of Ownership
Home Address:	City:	State:	Zip:	Owner's E-Mail Address (Required for Click to Agree)	
Controlling Position AARON HEILAMAN	D.O.B.: 12/22/1977	Social Security #: 440-94-5563	Home Phone: 580-332-5720	Title: Owner	% of Ownership 33
Home Address: 1731 Augusta Dr	City: ADA	State: OK	Zip: 74820	Owner's E-Mail Address (Required for Click to Agree) AARON@TRADITIONDRUG.COM	

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

<p align="center">Start-Up Fees (One-Time Charge)</p> <p>Non-Taxable Fees:</p> <p>Application Fee (Non-Refundable) (32I) \$ _____</p> <p>Account Validation Fee (182) \$ _____ <i>(One-time fee charged at time of boarding)</i></p> <p>Reprogramming Fee (31A) \$ _____</p> <p>Debit Set-up Fee (31B) \$ _____</p> <hr/> <p align="center">Billed Monthly Fees</p> <p>Monthly Service Fee (335) \$ _____</p> <p>Minimum Processing Fee (953) \$ 0.00</p> <p>Wireless Access Fee Per TID (60J) \$ _____</p> <p>Monthly ClientLine® Fee (32R) \$ _____</p> <p>eIDS Monthly Fee (29E) \$ _____</p> <p>Regulatory Product Fee (35I) \$ 2.50</p> <p>Monthly Statement Fee (323) \$ 10.00</p> <p>TIN/TFN Blank or Invalid Fee (181) \$ _____ <i>(as applicable)</i></p> <p>Merchant Supply Advantage (413) \$ _____</p> <p>Network Access Fee – Debit (420) \$ _____</p> <p>TranArmor Service Fee (30L) \$ _____</p> <p>Gateway Fee (417) \$ _____</p> <p>Misc. Fee: (31J) \$ _____</p> <hr/> <p align="center">Enhanced Security Package</p> <p>Enhanced Security Pkg Monthly* () \$ 10.00 OR</p> <p>Enhanced Security Pkg Annual* () \$ _____</p>	<p align="center">Authorization and AVS Fees</p> <p>MC Auth Fee (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$ 0.00</p> <p>Visa Auth Fee (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ 0.00</p> <p>Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ 0.00</p> <p>Amex Auth Fee (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ 0.00</p> <p>MC/Visa /Discover/Amex Voice AVS (039, 049, 069, 079, 03A, 04A, 06A) \$ 1.95</p> <p>MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 036, 037, 045, 046, 047, 065, 066, 067, 075, 076, 077) \$ 1.95</p> <p>AVS Fee (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ 0.02</p> <hr/> <p align="center">Fleet Card Fees</p> <p align="center">Authorization Fees</p> <p>Voyager (0D0, 0D1, 0DV) \$ _____</p> <p>WEX (0D4, 0B1, 0BV) \$ _____</p> <p align="center">Other Payment Fees:</p> <p>Voyager</p> <p>Sales Discount Fee (766) _____%</p> <p>Wright Express</p> <p>Sales Discount Fee (840, 841, 842, 843) _____%</p> <p>Retrieval Fee (29I) \$ _____</p> <p>Chargeback Fee (29H) \$ _____</p> <p>Datawire Micronode</p> <p>1400 Monthly Fee (each) (354) \$ _____</p>	<p align="center">Other Fees</p> <p>Early Termination Fee \$ _____</p> <p>Annual Membership Fee (294) \$ _____</p> <p>Chargeback Fee (205, 725, 20L) \$ 25.00</p> <p>Retrieval Fee (262) \$ 15.00</p> <p>Chargeback/ Retrieval Rcv'd Mail (25F,25B) \$ _____</p> <p>Chargeback/ Retrieval Sent Mail (25N,25J) \$ _____</p> <p>Batch Settlement Fee (227) \$ 0.02</p> <p>EBT Purchase/ Return (029) \$ _____</p> <p>Visa/ MC/ Disc Access Fee (241, 197, 526) \$ _____</p> <p>Amex Access Fee (26E) _____%</p> <p>Visa Auth Processing Fee (Credit) (04H) \$ _____</p> <p>Visa Auth Processing Fee (Debit) (04J) \$ _____</p> <p>NABU Fee (60M, 0B4) \$ _____</p> <p>TransArmor Txn Fee (12E) \$ _____</p> <p>ACH Reject Fee (401) \$ 25.00</p> <p>Non Return of Equipment Fee \$ _____</p> <p>Other: _____ \$ _____</p> <hr/> <p align="center">Payeezy Gateway– Global Gateway e4</p> <p>Payeezy Set-up Fee Per TID (40B) \$ _____</p> <p>Payeezy Monthly Fee Per TID (40A) \$ _____</p> <p>Payeezy Transaction Fee (OFC) \$ _____</p> <hr/> <p align="center">Mobile Pay</p> <p>Wireless Comm Monthly Fee (472) \$ _____</p> <p>Wireless Transaction Fee (434) \$ _____</p>
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Interchange fees will be passed through if applicable: MC Acq. CNP AVS Fee Acquirer AVS Billing, USD and non USD Cross border fee, Global Travel B2B,NCA IC fee, Proc Integrity Fee; Pre-Auth, Undefined, Image, Final-Auth, Auth- Min Fee, lic and Kilobyte Fee, Acct Stat Inq. Svc Interreg Fee, Dgtl Enable Fee, Loc Fee; Visa Int'l Svc, Visa Int'l Acq, Zero Floor-Limit, Zero Amt, Kilobyte Fee, Misuse of Auth Partial auth NP Trans, US Debit Trans Integrity fee, Acct Stat Inq. Base II Credit voucher fee credit , Debit, Svc Interreg Fee Debit, Svc Intereg, NPF/FANF Visa CP, CNP (see IC qual matrix ("IQM") for billing tables), Dgtl Wallet, B2B Virtual pmts product; Discover Int'l Proc Fee, Int'l Svc Fee, Data Usg Fee.

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .13%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (286) of .15% American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee \$ 0.08 <small>(001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)</small>	MC Qual Credit (800)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
		0.150 %	0.150 %	0.150 %	0.350 %
American Express Sales Credit Transaction Fee \$ 0.15 <small>(013, 014)</small>	MC Qual Non Pin Debit (850)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)	Discount (Based on Gross Sales Vol.)
		0.150 %	0.150 %	0.150 %	0.350 %
Bundled PIN Debit (191, Key 0-593) \$ _____ OR	Unbundled PIN Debit– Txn Fee (018) \$ _____	Unbundled PIN Debit Discount Fee (Key 190, 590, 593, 587, 589) _____% (plus the applicable network fees)	Debit PIN Debit Decline Transaction Fee (42R) \$ _____		

MERCHANT PROCESSING APPLICATION AND AGREEMENT (Page 3 of 5)

DBA Name TRADITION DRUG

PCS2205 (ia)		(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd)				PCS2205 (ia)	
	Discount Fee	Transaction Fee			Discount Fee	Transaction Fee	
MC Qualified Credit	(800) _____ %	(001, 002) \$ _____		Visa Non-Qualified Non-Pin Debit	(864) _____ %	(154, 155) \$ _____	
MC Mid- Qualified Credit	(810) _____ %	(611, 612) \$ _____		Discover Qualified Credit	(170) _____ %	(015, 016) \$ _____	
MC Non-Qualified Credit	(820) _____ %	(621, 622) \$ _____		Discover Mid-Qualified Credit	(990) _____ %	(717, 718) \$ _____	
MC Qualified Non-Pin Debit	(850) _____ %	(130, 131) \$ _____		Discover Non-Qualified Credit	(994) _____ %	(721, 722) \$ _____	
MC Mid- Qualified Non Pin Debit	(870) _____ %	(140, 141) \$ _____		Discover Qualified Non-Pin Debit	(964) _____ %	(787, 788) \$ _____	
MC Non-Qualified Non-Pin Debit	(880) _____ %	(150, 151) \$ _____		Discover Mid-Qualified Non-Pin Debit	(968) _____ %	(791, 792) \$ _____	
Visa Qualified Credit	(804) _____ %	(005, 006) \$ _____		Discover Non-Qualified Non-Pin Debit	(978) _____ %	(795, 796) \$ _____	
Visa Mid- Qualified Credit	(814) _____ %	(615, 616) \$ _____		American Express Qualified Credit	(164) _____ %	(013, 014) \$ _____	
Visa Non-Qualified Credit	(824) _____ %	(625, 626) \$ _____		American Express Mid-Qualified Credit	(81C) _____ %	(62T, 62U) \$ _____	
Visa Qualified Non- Pin Debit	(854) _____ %	(134, 135) \$ _____		American Express Non-Qualified Credit	(82A) _____ %	(65S, 65T) \$ _____	
Visa Mid Qualified Non-Pin Debit	(874) _____ %	(144, 145) \$ _____		American Express Program Cost	(3AL) <u>0.350</u> %		

Flat Rate							
	Discount	Transaction Fee			Discount	Transaction Fee	
MC Qual Credit	(800) _____ %	(001, 002) \$ _____		Discover Qual Credit	(170) _____ %	(015, 016) \$ _____	
MC Qual Non-Pin Debit	(850) _____ %	(130, 131) \$ _____		Discover Qual Non-Pin Debit	(964) _____ %	(787, 788) \$ _____	
Visa Qual Credit	(804) _____ %	(005, 006) \$ _____		American Express Qual Credit	(164) _____ %	(013, 014) \$ _____	
Visa Qual Non-Pin Debit	(854) _____ %	(134, 135) \$ _____		American Express Program Cost	(3AL) <u>0.350</u> %		

Dues & Assessments (273,274,234, 237,286,27L) **Billback** Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) _____ %

Discount Fees (Based On Gross Sales Volume)

Accept all Mastercard, Visa and Discover Transactions (presumed, unless any selections below are checked)

Mastercard Acceptance Accept MC Credit transactions only
 Visa Acceptance Accept Visa Credit transactions only
 Discover Acceptance Accept Discover Credit transactions only
 American Express OptBlue Acceptance Accept American Express Credit transactions only
 Accept MC Non-PIN Debit trans only
 Accept Visa Non-PIN Debit trans only
 Accept Discover Non-PIN Debit trans only
 Discover Network- PayPal Discover network- PayPal Credit transactions Only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of transaction, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 18.1 of the Program Guide).

BANKING INFORMATION

First/Last Contact Name at Bank: _____ Phone Number: _____
 Routing Number: 081500862 DDA: 4150013334

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and reviewed a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein. The Program Guide and IQM are also available for viewing and/or downloading from the internet at: http://www.pcs4fuel.com. Client acknowledges and agrees that we, our affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contract at the telephone number (s) Client has provided in this Merchant Processing Application and Agreement and/or may leave a detailed voice message in the event the Client is unable to be reached, even if the number provided is a cellular or wireless number or if client has previously registered on a Do Not Call list or requested not to be contacted by Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in the Provide More Business Data section above, you are authorized to accept transactions in accordance with the percentages indicated in that Section. By signing below, each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to verify the information contained in this application and to request and obtain from any consumer reporting agency and other sources, including bank reference, personal and business consumer reports and other information and to disclose such information amongst each other for any purposes permitted by law. If the Application is approved, each of the under signed also authorizes us and our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us and our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us and our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all reference, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application. As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/ or automated electronic computer security screening, by us on our third party vendors. I further acknowledge and agree that I will not use my merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transaction in cretin jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provide herein are correct. THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE. Client's Business Principal: (Please sign below)

X Signature _____

Print Name AARON HEILAMAN Date: Signature D:

Title: Pres. V.P. Member L.L.C. Owner Partner Other: Owner

Signature _____ Print Name _____ Date: _____

Title: Pres. V.P. Member L.L.C. Owner Partner Other: _____

(PROCESSOR): For Petroleum Card Services and Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and Mastercard International, Inc.)
X Signature _____

(9) PERSONAL GUARANTY

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. Petroleum Card Services are relying upon this Guaranty in entering into the Agreement.

Signature (Please sign below):
 x Signature Guarantor 01, an individual Signature (Please sign below):
 x Signature Guarantor 02, an individual

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 4 of 5)

Bank Code: _____ Merchant ID: _____ BuyPass Merchant #: _____

DBA NAME TRADITION DRUG 24 (Characters)

BANKING INFORMATION (REQUIRED) PCS2205 (ia)

First/Last Contact Name at Bank:	Phone Number:
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ABA #: 081500862 DDA #: 4150013334

CHECKLIST INFORMATION

Sales Support ID: _____ Sales Rep. ID #: _____ Print Sales Rep. Name: _____

HIERARCHY: Bank: _____ Agent: _____
 Corp.: _____ Chain: _____ BuyPass FIID: _____

CLIENT VISITATION

- | | | |
|--|---|--|
| <p><input type="checkbox"/> Visit Not Required (Lic. Professional)</p> <p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Shopping Area <input type="checkbox"/> Isolated
 <input type="checkbox"/> Office <input type="checkbox"/> Apartment <input type="checkbox"/> Home
 <input type="checkbox"/> Other: _____</p> <p>3. Seasonal: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Mos. in Operation: _____
 Mos. Open Between _____ to _____</p> <p>4. External Facility Description (# of Levels/Floors):
 <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11 plus</p> <p>5. Merchant Occupies: <input type="checkbox"/> Ground Floor
 <input type="checkbox"/> Other: _____</p> <p>6. Remaining Floor (s) Occupied by:
 <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination</p> <p>7. Advertising Name Displayed:
 <input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front</p> | <p>8. Time Zone (required): _____</p> <p>9. Approx. Square Footage:
 <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+</p> <p>10. # of Employees: _____</p> <p>11. # of Registers: _____</p> <p>12. Return Policy:
 <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchge Only <input checked="" type="checkbox"/> None</p> <p>13. Do you have a refund policy for your MC/Visa /Discover® Network sales? <input type="checkbox"/> Yes <input type="checkbox"/> No
 If yes, Check one:
 <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> Refund Cardholder
 If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?
 <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14 days</p> <p>14. Proper License Visible (Liquor, Tax ID, etc.):
 <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> | <p>15. Your Previous Processor:
 <u>Heartland</u></p> <p>16. Your Previous Merchant #:
 _____</p> <p>17. Check Reason for Changing:
 <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated
 <input type="checkbox"/> Other: _____</p> <p>18. D & B #: _____</p> <p>19. Do You Have Previous Processor MC/ Visa/Discover Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Are customers required to leave a deposit?
 <input type="checkbox"/> Yes <input type="checkbox"/> No
 If Yes, % of deposit required: _____ %
 Time Frame for Delivery: _____ Days</p> |
|--|---|--|

Comments to Credit Officer (40 Characters): _____

MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: (check one) 01 = Outlet 02 = Stmt to Bill To/No Recap 07 = Suppress Stmt (No Stmt) 08 = Produce Recap, No Stmt
 09 = Bill to Address/Stmt and Recap 10 = Recap to Bill To/Stmt to Outlet

Statement Type: (check one) Detail Summary Statement Delivery Method: (check one) E-Mail Online Print and Mail

Statement E-Mail Address: _____

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one)
 0 = Each Transfer 1 = Debit/Credit Grouped (By Category) 2 = Net Transfer Amount Only 3 = Net Transfer EOM Fee Combined

PROCESSING INFORMATION

- | | | |
|---|--|--|
| 1. Processing mode: <input type="checkbox"/> EDC: <input type="checkbox"/> ECR | 2. Funding will be processed DAILY via: <input type="checkbox"/> ACH <input type="checkbox"/> Bankwire | 5. Fire Safety Act: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Bank will fund: <input type="checkbox"/> Outlet <input type="checkbox"/> Head Office | 4. # of Plates: _____ Long _____ Short
<i>(will be shipped by ISO)</i> | |
| 6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):
<input type="checkbox"/> Outlet <input type="checkbox"/> Head Office <input type="checkbox"/> Other, give mailing information below <input type="checkbox"/> No Welcome Packet and Supplies <input type="checkbox"/> No Welcome Packet | | |

Name:	First/Last Contact Name:		
Address:	City:	State:	Zip:

DBA Name TRADITION DRUG

Merchant ID:

PCS2205 (ia)

PROCESING INFORMATION (cont'd)

PCS2205 (ia)

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

Grid of checkboxes for terminal features including Auto Settle Time, Bar Tab, Clerk /Server Entry, Debit Cash Back, Delayed Ship Date, Dial Prefix, Dial Suffix, E-Commerce, E-Mail Address, QSR-CR/SMT, QSR Print Option, Invoice Number, Multi-Trans, No Server/ Ticket ID, Remove Room # Prompt, Remove Ticket # Prompt, Retail Gas, Retail With Tip, Ship Method, Tip % Option, Verify Amount Prompt, Partial Approval, Purchase w/Balance Return, Standalone Balance Inquiry, Amex Prepaid Program Preference, PINPad, TDES Encryption, DUKPT, Access Code #.

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

Mail / Telephone Order / Business to Business / Internet Information (All Questions must be Answered)

Questions 1-5 regarding sales percentages, delivery methods, and fulfillment details. Includes formulas for business to business and consumer percentages.

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? Yes No