






NEW COMPANY APPLICATION

1	COMPANY INFORMATION		
◆ DBA NAME: Southern Class Boutique			
CONTACT NAME: Kim Sutton			
◆ DBA ADDRESS TYPE: BSA ◆ DBA ADDRESS1 (NO PO BOX): 85. Pennelle Lane Suite B			
DBA ADDRESS 2:			
◆ CITY: Dyersburg	◆ STATE: TN	◆ ZIP CODE: 38024	
◆ COUNTRY OF PRIMARY BUSINESS OPERATIONS: USA			
◆ BUSINESS COUNTRY OF FORMATION: USA		◆ DBA PHONE #: 731-478-6199	
◆ EMAIL ADDRESS: kharber1977@yahoo.com		DBA FAX #:	
YEAR ESTABLISHED: 2016		MOBILE PHONE #: 731-445-8415	
◆ LENGTH OF CURRENT OWNERSHIP: 3 YEARS, 10 MONTHS			
CIP EXEMPTION:			
BENEFICIAL OWNER EXEMPTION:			
2	OTHER ADDRESS (IF DIFFERENT THAN ABOVE)		
<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: Southern Class Boutique		PHONE #: 731-478-6199	
CONTACT: Kim Sutton		FAX #:	
ADDRESS: 85. Pennelle Lane Suite B	CITY: Dyersburg	STATE: TN	ZIP CODE: 38024
STATEMENTS/ RETRIEVALS /CHARGEBACKS			
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)	
3	PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)		
◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP 100 %		<input checked="" type="checkbox"/> AUTHORIZED SIGNER <input checked="" type="checkbox"/> SOLE PROPRIETOR	
◆ ADDITIONAL BENEFICIAL OWNERS? NO	<input type="checkbox"/> RESPONSIBLE PARTY	TITLE: OP	IF OTHER:
◆ FIRST NAME: Kim	◆ MIDDLE NAME:	◆ LAST NAME: Sutton	
◆ ADDRESS TYPE: PRA ◆ ADDRESS (NO PO BOX): 85 Black Ankle			
◆ CITY: Oakland	◆ STATE/PROVINCE: TN	◆ ZIP/POSTAL CODE: 38060	◆ COUNTRY: USA
◆ DOB: 08/18/1977	◆ US PERSON: Yes	◆ PHONE #: 731-445-8415	
<i>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</i>			
◆ HOME ADDRESS:	◆ CITY:	◆ STATE:	◆ ZIP CODE:
◆ ID TYPE: SSN	◆ ID #: 408373537	◆ 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: \$ 50	<input checked="" type="checkbox"/> CARD PRESENT 100%	OMNI COMMERCE (MUST TOTAL 100%)	
◆ HIGH SALE AMOUNT: \$ 800	<input type="checkbox"/> CARD NOT PRESENT 100%*	CARD PRESENT 100 %	
◆ NUMBER OF HIGH SALES (ABOVE) ANNUALLY: 10	<input type="checkbox"/> INTERNET 100%*	CARD NOT PRESENT* _____ %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES: \$ 3500	<input type="checkbox"/> OMNI COMMERCE	INTERNET* _____ %	
◆ ANNUAL REVENUE: \$ 42000	◆ INTERNET : PRODUCT WEBSITE:		
◆ INDUSTRY TYPE: RE	◆ INTERNET: "CONTACT US" EMAIL:		
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED: Boutique - Clothing	*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
SPECIAL PROGRAM MCC ONLY: 5691	◆ CUSTOMER SERVICE PHONE #: 731-478-6199		
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE?	◆ PREVIOUS PROCESSOR:		
IF NOT SAME DAY, _____ # OF DAYS (INCLUDE SHIPPING TIME FRAME) at time of purchase	◆ CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW		
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"/> MAY	<input type="checkbox"/> JUNE	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER

BANK ACCOUNT (CHECKING ACCOUNTS ONLY)		
◆ DEPOSIT BANK NAME: SECURITY BANK	◆ ABA/ROUTING #: 084307790	◆ DDA ACCOUNT #: 4218353
BILLING BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
CHARGEBACK BANK NAME (IF DIFFERENT):	ABA/ROUTING #:	DDA ACCOUNT #:
TAPE ID (OPT): 14	<input type="checkbox"/> Fast Track Funding	

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT.)	PRICING CATEGORY
<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 (TIERED & EICP ONLY)
<input checked="" type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input checked="" type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input checked="" type="checkbox"/> DISCOVER* <input type="checkbox"/> UNIONPAY <input checked="" type="checkbox"/> AMEX	

PRICING INFORMATION	FEES																																										
<i>RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.</i>																																											
<input type="checkbox"/> TIERED <input type="checkbox"/> FIXED OR <input checked="" type="checkbox"/> ENHANCED IC PLUS	APPLICATION FEE \$ INSTALLATION/TRAINING \$ RETURN ITEM FEE/NSF (PER OCCUR) \$25 ACCOUNT MAINTENANCE \$20 CHARGEBACK (PER OCCUR) \$25 ANNUAL FEE START DATE: \$ MONTHLY MINIMUM \$ MONTHLY SERVICE FEE \$5.00 OTHER: \$0.000 OTHER: EQUIPMENT BII \$10.00 OTHER: \$0.000 OTHER: \$0.000																																										
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**PAYPAL ACCEPTANCE AND RATES ARE BASED ON CARD SWIPED TRANSACTIONS ONLY.																																											

AUTHORIZATIONS (PER OCCURRENCE)	SAFE T SERVICES BUNDLE																								
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VISA	\$ 0.000	UNIONPAY	\$ 0.000	VOICE AUTH TOUCH TONE	\$ 1.950																				
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AMEX	\$ 0.000	OTHER:	\$ ___	VOICE - BANK REFERRAL	\$ 4																				
	\$6.00																								

PIN DEBIT
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 \$ ___

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

POINT OF SALE (EQUIPMENT OR SOFTWARE)

NETWORK: 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
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 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 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

	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. 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: TERMINAL AUTO CLOSE (RTL, MOTO) 7:0 PM TIME ZONE Cent CASH BACK PIN DEBIT (RTL): \$ ____ (MAX) CUSTOM FOOTER: ____

(CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES) 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 _____

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 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			
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 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			
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 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			

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		